

TEHAMA COUNTY AGRICULTURAL COMMISSIONER
STRUCTURAL PEST CONTROL BUSINESS / QUALIFYING MANAGER REGISTRATION
BRANCH 2 & 3

Date Submitted: _____ For Year: _____

COMPANY INFORMATION: Performing work in: Branch 2 &/or Branch 3

Company Name: _____ Registration No. _____

Mailing Address: _____

_____ Zip: _____

Telephone: () _____ Fax: () _____ Email: _____

Physical Address: _____

(if different than above) _____ Zip: _____

OPR: _____ Lic: _____ Exp: _____ Branch 2 / Branch 3
(Print Name of Operator)

SUPERVISION: Qualifying Manager (QM) and Branch Supervisor (BS) (Responsible Person)

QM: _____ Lic: _____ Exp: _____ Branch 2 / Branch 3
(Print Name)

BS: _____ Lic: _____ Exp: _____ Branch 2 / Branch 3
(Print Name)

REGISTRATION INFORMATION / FEES:

(Submit all pages with appropriate fees, and signatures)

Total Fees Submitted: \$ _____ Make check payable to: _____

Print Name: _____ Date: _____

Signature: _____ Title: _____

I certify that the information provided is TRUE and CORRECT

THIS REGISTRATION WILL NOT BE VALID IF IT IS NOT ACCOMPANIED BY THE REQUIRED FEE

(if applicable). Food and Agricultural Code section 15204(a) requires each licensed Branch 2 and Branch 3 structural pest control operator qualifying manager and (SPCB) registered company to register with the commissioner prior to operating a structural pest control business in the county. The registration shall cover a calendar year. A fee may also be required at the time of registration. The fee shall be set by the county Board of Supervisors, except that in no case shall the fee exceed the actual cost of processing the registration or ten dollars (\$10), whichever is less. Registrations may be amended to add or change operator qualifying manager and/or branch location(s) during the year for a fee not to exceed ten dollars (\$10).

COUNTY AGRICULTURAL COMMISSIONER
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BRANCH 2 & 3

ADDITIONAL LOCATIONS

Date Submitted: _____ For Year: _____

1) Branch Office (list all) performing work in: _____ County

Branch Address: _____ Registration No. _____
_____ Zip _____

Telephone: () _____ Fax: () _____ Working in: Branch 2 &/or Branch 3

SUPERVISION: Qualifying Manager (QM) and Branch Supervisor (BS) (Responsible Person)

QM: _____ Lic: _____ Exp: _____ Branch 2 / Branch 3
(Print Name)

QM: _____ Lic: _____ Exp: _____ Branch 2 / Branch 3
(Print Name)

BS: _____ Lic: _____ Exp: _____ Branch 2 / Branch 3
(Print Name)

2) Branch Office:

Branch Address: _____ Registration No. _____
_____ Zip _____

Telephone: () _____ Fax: () _____ Working in: Branch 2 &/or Branch 3

SUPERVISION: Qualifying Manager (QM) and Branch Supervisor (BS) (Responsible Person)

QM: _____ Lic: _____ Exp: _____ Branch 2 / Branch 3
(Print Name)

QM: _____ Lic: _____ Exp: _____ Branch 2 / Branch 3
(Print Name)

BS: _____ Lic: _____ Exp: _____ Branch 2 / Branch 3
(Print Name)

3) Branch Office:

Branch Address: _____ Registration No. _____
_____ Zip _____

Telephone: () _____ Fax: () _____ Working in: Branch 2 &/or Branch 3

SUPERVISION: Qualifying Manager (QM) and Branch Supervisor (BS) (Responsible Person)

QM: _____ Lic: _____ Exp: _____ Branch 2 / Branch 3
(Print Name)

QM: _____ Lic: _____ Exp: _____ Branch 2 / Branch 3
(Print Name)

BS: _____ Lic: _____ Exp: _____ Branch 2 / Branch 3
(Print Name)

STATE OF CALIFORNIA
**APPLICATION FOR PEST CONTROL
 EQUIPMENT REGISTRATION**
 PR-ENF-058 (REV. 4/95)

DEPARTMENT OF PESTICIDE REGULATION
 PESTICIDE ENFORCEMENT BRANCH

_____ COUNTY

FOR CALENDAR YEAR ENDING DECEMBER 31, 20____

NAME -- (under which applicant is engaged in business)

LIST BELOW ALL EQUIPMENT TO BE USED IN THIS COUNTY. INDICATE APPLICABLE TYPE OF EQUIPMENT: FOR AIRCRAFT, SHOW FIXED WING OR HELICOPTER. FOR GROUND, SHOW SPEED SPRAYER, POWER DUSTER, HAND GUN, ETC.

MANUFACTURER	AIR	GROUND	EQUIPMENT TYPE	VEHICLE LIC. OR AIRCRAFT "N" NO.	OTHER I.D.
1.	<input type="checkbox"/>	<input type="checkbox"/>			
2.	<input type="checkbox"/>	<input type="checkbox"/>			
3.	<input type="checkbox"/>	<input type="checkbox"/>			
4.	<input type="checkbox"/>	<input type="checkbox"/>			
5.	<input type="checkbox"/>	<input type="checkbox"/>			
6.	<input type="checkbox"/>	<input type="checkbox"/>			
7.	<input type="checkbox"/>	<input type="checkbox"/>			
8.	<input type="checkbox"/>	<input type="checkbox"/>			
9.	<input type="checkbox"/>	<input type="checkbox"/>			
10.	<input type="checkbox"/>	<input type="checkbox"/>			
11.	<input type="checkbox"/>	<input type="checkbox"/>			
12.	<input type="checkbox"/>	<input type="checkbox"/>			
13.	<input type="checkbox"/>	<input type="checkbox"/>			
14.	<input type="checkbox"/>	<input type="checkbox"/>			
15.	<input type="checkbox"/>	<input type="checkbox"/>			
16.	<input type="checkbox"/>	<input type="checkbox"/>			
17.	<input type="checkbox"/>	<input type="checkbox"/>			
18.	<input type="checkbox"/>	<input type="checkbox"/>			
19.	<input type="checkbox"/>	<input type="checkbox"/>			
20.	<input type="checkbox"/>	<input type="checkbox"/>			

I HEREBY CERTIFY THAT MY GROUND EQUIPMENT IS PROPERLY MARKED AND THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT.

SIGNATURE _____ DATE _____

