

ORANGE COUNTY AGRICULTURAL COMMISSIONER
REGISTRATION FOR
BRANCH 1 – STRUCTURAL FUMIGATION
For Year: **2014**

Date Submitted: _____ I want a User Name & Password to submit use reports online:
Email: _____

COMPANY INFORMATION:

Company Name: _____ Registration No. PR _____

Mailing Address: _____
_____ Zip: _____

Telephone: () _____ Fax: () _____

Physical Address: _____
(if different than above) _____ Zip: _____

OPR: _____ Lic: _____ Exp: _____
(Print Name)

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

QM: _____ Lic: _____ Exp: _____
(Print Name)

BS: _____ Lic: _____ Exp: _____
(Print Name)

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. Food and Agricultural Code section 15204.5(a) requires each licensed structural pest control operator, field representative and (SPCB) registered company to register with the commissioner prior to conducting fumigations in any county. The registration shall cover a calendar year

Registration fee is \$5, which is a flat fee regardless of conducting Branch 1, Branch 2 or Branch 3 business. (For example a company conducting Branch 1, 2 and 3 work, the registration fee would be a total of \$5.) NO CASH ACCEPTED. CHECK OR MONEY ORDER ONLY.

ADDITIONAL LOCATIONS

Date Submitted: _____

For Year: **2014**

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

Branch Address: _____ Registration No: _____
_____ Zip _____

Telephone: () _____ Fax: () _____

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

QM: _____ Lic: _____ Exp: _____
(Print Name)

BS: _____ Lic: _____ Exp: _____
(Print Name)

2) Branch Office:

Branch Address: _____ Registration No: _____
_____ Zip _____

Telephone: () _____ Fax: () _____

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

QM: _____ Lic: _____ Exp: _____
(Print Name)

BS: _____ Lic: _____ Exp: _____

PLEASE MAIL TO: **AGRICULTURAL COMMISSIONER**
222 EAST BRISTOL LANE
ORANGE, CALIFORNIA 92865-2714
PHONE: **(714) 955-0100** FAX: **(714) 921-2713**

FOR ONLINE PESTICIDE USE REPORTING, GO TO: **WWW.CALAGPERMITS.ORG**

