



SHASTA COUNTY AGRICULTURAL COMMISSIONER  
REGISTRATION FOR  
BRANCH 2 and BRANCH 3 – STRUCTURAL FUMIGATION

Date Submitted: \_\_\_\_\_ Year: \_\_\_\_\_

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

Company Name: \_\_\_\_\_ Registration No: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ E-Mail: \_\_\_\_\_

Physical Address: \_\_\_\_\_  
(If different from above)

\_\_\_\_\_ Zip: \_\_\_\_\_

OPR: \_\_\_\_\_ Lic: \_\_\_\_\_ Exp: \_\_\_\_\_ Branch 2 Branch 3  
(Print Name) (Circle Appropriate Branch)

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

QM: \_\_\_\_\_ Lic: \_\_\_\_\_ Exp: \_\_\_\_\_ Branch 2 Branch 3  
(Print Name) (Circle Appropriate Branch)

BS: \_\_\_\_\_ Lic: \_\_\_\_\_ Exp: \_\_\_\_\_ Branch 2 Branch 3  
(Print Name) (Circle Appropriate Branch)

REGISTRATION INFORMATION/FEES:

(Submit all pages with appropriate fees and signatures.)

Total Fees Submitted: \$ \_\_\_\_\_ Make check payable to **Shasta County Department of Agriculture.**

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Print Name)

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 15204.5(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. 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 twenty-five dollars (\$25), whichever is less. Registrations may be amended to add operators, field representatives and locations during the year for a fee not to exceed ten dollars (\$10).



SHASTA COUNTY AGRICULTURAL COMMISSIONER  
REGISTRATION FOR  
BRANCH 2 and BRANCH 3 – STRUCTURAL FUMIGATION

**ADDITIONAL LOCATIONS**

Date Submitted: \_\_\_\_\_ Year: \_\_\_\_\_

1. BRANCH OFFICE (List all) performing work in Shasta County:

Branch Address: \_\_\_\_\_ Registration No: \_\_\_\_\_  
\_\_\_\_\_ Zip \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ Working in:  Branch 2 and/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) (Circle)

BS: \_\_\_\_\_ Lic: \_\_\_\_\_ Exp: \_\_\_\_\_ Branch 2 Branch 3  
(Print Name)

2. BRANCH OFFICE:

Branch Address: \_\_\_\_\_ Registration No: \_\_\_\_\_  
\_\_\_\_\_ Zip \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ Working in:  Branch 2 and/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 and/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)