Sacramento County Agricultural Commissioner

4137 Branch Center Rd Sacramento, CA 95827 916.875.6603 AGCOMMPUE@saccounty.gov

Structural Pest Control
Branch I : Structural Fumigation
Registration

Date Submitted: _____ For Year: _____

Business Name: _____ License No. _____

Business Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone:( ) _____ Email: _____

Business Physical Address: _____

City: _____ State: _____ Zip: _____

OPR: _____ Lic No. _____ Exp: _____

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

QM: _____ Lic No. _____ Exp: _____

BS: _____ Lic No. _____ Exp: _____

REGISTRATION INFORMATION / FEES: Cash: ☐ Check: ☐ Credit: ☐

Total Fees Submitted: _____

Online Payment Confirmation Number: _____

Make checks payable to: Sacramento County

THIS REGISTRATION WILL NOT BE VALID IF IT IS NOT ACCOMPANIED BY THE REQUIRED FEE (if applicable).
Food and Agricultural Code section 15204.5 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 registration fee shall be set by the county Board of Supervisors, but shall not exceed the actual cost of processing the registration. Registration fees in a home county shall not exceed $55 dollars per year in calendar year 2027, $65 dollars per year in calendar year 2028, or $75 per year in calendar year 2029. To register in additional counties, registration fees shall not exceed $30 dollars per year in calendar year 2027, $40 dollars per year in calendar year 2028, or $50 per year in calendar year 2029.

County Use Only: Reviewed by Inspector _____ Date: _____

Online Payment Verified by Accounting: ☐ Receipt #: _____ Date: _____

Print Name: _____ Date: _____

Signature: _____ Title: _____

I certify that the information provided is TRUE and CORRECT

(Revised 10/26)

Additional Locations
List all Branch Offices performing work in Sacramento County

Date Submitted: _____ For Year: _____

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1) Branch Office License No.: _____

Branch Physical Address: _____

City: _____ State: _____ Zip: _____

Phone: ( ) _____ Fax: ( ) _____

Email: _____

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

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

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

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2) Branch Office License No.: _____

Branch Physical Address: _____

City: _____ State: _____ Zip: _____

Phone: ( ) _____ Fax: ( ) _____

Email: _____

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

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

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

Additional Locations (continued)

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3) Branch Office License No.: _____

Branch Physical Address: _____

City: _____ State: _____ Zip: _____

Phone: ( ) _____ Fax: ( ) _____

Email: _____

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

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

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

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4) Branch Office License No.: _____

Branch Physical Address: _____

City: _____ State: _____ Zip: _____

Phone: ( ) _____ Fax: ( ) _____

Email: _____

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

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

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

Sacramento County Agricultural Commissioner

List of Structural Pest Control Operators & Field Representatives

Date: _____ Business Name: _____

Instructions: Use 1 sheet per location to record Operators & Field Representatives working in Sacramento County. Indicate the location (PR# or BR#)

	Last Name	First Name	Location PR# or BR#	License Number	Exp. Date
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					