Sacramento County Agricultural Commissioner

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

Structural Pest Control
Branch II and/or III : General Pest and/or W.D.O. Registration

Date Submitted: _____ Branch 2 ☐ Branch 3 ☐ For Year: _____

Business Name: _____ License No. _____

Business Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone:( ) _____ Email: _____

Business Physical Address: _____

City: _____ State: _____ Zip: _____

OPR: _____ Lic No. _____ Exp: _____ Br 2☐ Br 3☐

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

QM: _____ Lic No. _____ Exp: _____ Br 2☐ Br 3☐

BS: _____ Lic No. _____ Exp: _____ Br 2☐ Br 3☐

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 requires each licensed Branch 2 and Branch 3 structural pest control operator qualifying manager and Structural Pest Control Board 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 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: ( ) _____ Br 2 ☐ Br 3 ☐

Email: _____

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

QM: _____ Lic No. _____ Exp: _____ Br 2 ☐ Br 3 ☐
(Print Name)

QM: _____ Lic No. _____ Exp: _____ Br 2 ☐ Br 3 ☐
(Print Name)

BS: _____ Lic No. _____ Exp: _____ Br 2 ☐ Br 3 ☐
(Print Name)

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2) Branch Office License No.: _____

Branch Physical Address: _____

City: _____ State: _____ Zip: _____

Phone: ( ) _____ Fax: ( ) _____ Br 2 ☐ Br 3 ☐

Email: _____

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

QM: _____ Lic No. _____ Exp: _____ Br 2 ☐ Br 3 ☐
(Print Name)

QM: _____ Lic No. _____ Exp: _____ Br 2 ☐ Br 3 ☐
(Print Name)

BS: _____ Lic No. _____ Exp: _____ Br 2 ☐ Br 3 ☐
(Print Name)

Additional Locations (continued)

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3) Branch Office License No.: _____

Branch Physical Address: _____

City: _____ State: _____ Zip: _____

Phone: ( ) _____ Fax: ( ) _____ Br 2 ☐ Br 3 ☐

Email: _____

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

QM: _____ Lic No. _____ Exp: _____ Br 2 ☐ Br 3 ☐
(Print Name)

QM: _____ Lic No. _____ Exp: _____ Br 2 ☐ Br 3 ☐
(Print Name)

BS: _____ Lic No. _____ Exp: _____ Br 2 ☐ Br 3 ☐
(Print Name)

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4) Branch Office License No.: _____

Branch Physical Address: _____

City: _____ State: _____ Zip: _____

Phone: ( ) _____ Fax: ( ) _____ Br 2 ☐ Br 3 ☐

Email: _____

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

QM: _____ Lic No. _____ Exp: _____ Br 2 ☐ Br 3 ☐
(Print Name)

QM: _____ Lic No. _____ Exp: _____ Br 2 ☐ Br 3 ☐
(Print Name)

BS: _____ Lic No. _____ Exp: _____ Br 2 ☐ Br 3 ☐
(Print Name)
