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: _____

Company Name: _____ License No. _____

Mailing Address:_____

_____ Zip: _____

Phone:( )_____ Fax:( )_____ Email: _____

Physical Address:_____

_____ 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(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).

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 10/25)

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 Address: _____

_____ 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 Address: _____

_____ Zip _____

Phone: ( ) _____ Fax: ( ) _____

Email:_____

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

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

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

(Revised 10/25)

3) Branch Office License No.: _____

Branch Address: _____

_____ 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 Address: _____

_____ Zip _____

Phone: ( ) _____ Fax: ( ) _____

Email:_____

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

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

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

(Revised 10/25)

Sacramento County Agricultural Commissioner

List of Structural Pest Control Operators & Field Representatives

Date: _____ Company: _____

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					

(Revised 10/25)