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

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

Company Name: _____ License No. _____

Mailing Address:_____

_____ Zip: _____

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

Physical Address:_____

_____ 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(a) requires that each licensed Branch 2 and Branch 3 structural pest control operator qualifying manager, as defined in Section 8506.2 of the Business and Professions Code, and Structural Pest Control Board registered company, as defined in Section 8506.1 of the Business and Professions Code, shall 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 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 ten dollars ($10), whichever is less.

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 Additional Offices performing work in Sacramento County

Date Submitted: _____ For Year: _____

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1) Office License No.: _____

Branch Address: _____

_____ 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) Office License No.: _____

Branch Address: _____

_____ 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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3) Office License No.: _____

Branch Address: _____

_____ 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) Office License No.: _____

Branch Address: _____

_____ 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)
