

# DEPARTMENT OF AGRICULTURE/WEIGHTS & MEASURES

**Andrew F. Smith**

Agricultural Commissioner  
Sealer of Weights & Measures



133 Aviation Blvd., Suite 110  
Santa Rosa, CA 95403-8279  
(707) 565-2371 Fax (707) 565-3850  
sonomacounty.ca.gov/AWM

## BRANCH 2 & 3 – STRUCTURAL PEST CONTROL BUSINESS / QUALIFYING MANAGER REGISTRATION

DATE SUBMITTED: \_\_\_\_\_

FOR YEAR: \_\_\_\_\_

### COMPANY INFORMATION

WORKING IN:  BRANCH 2 and/or  BRANCH 3

BUSINESS NAME: \_\_\_\_\_ REGISTRATION #: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

PHYSICAL ADDRESS SAME AS MAILING ADDRESS?  YES  NO If no, please list **PHYSICAL ADDRESS** below:

PHYSICAL ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

OPERATOR NAME (print): \_\_\_\_\_ LICENSE #: \_\_\_\_\_ EXP: \_\_\_\_\_  
 Branch 2 /  Branch 3

### SUPERVISION: QUALIFYING MANAGER (QM) AND BRANCH SUPERVISOR (BS) (RESPONSIBLE PERSON):

QM NAME (print): \_\_\_\_\_ LICENSE #: \_\_\_\_\_ EXP: \_\_\_\_\_  
 Branch 2 /  Branch 3

BS NAME (print): \_\_\_\_\_ LICENSE #: \_\_\_\_\_ EXP: \_\_\_\_\_  
 Branch 2 /  Branch 3

### REGISTRATION INFORMATION / FEES:

For current registration fees, please visit <http://sonomacounty.ca.gov/AWM/fees>. Submit all pages with appropriate fees and signatures. If paying by check, please make payable to Sonoma County AWM.

TOTAL FEES SUBMITTED: \$ \_\_\_\_\_

By signing below, I certify that the information provided is true and correct.

NAME (print): \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Do you need a login for CalAgPermits?  YES  NO If YES, preferred username: \_\_\_\_\_

**THIS REGISTRATION WILL NOT BE VALID IF NOT ACCOMPANIED BY THE REQUIRED FEE (if applicable).** Food and Agricultural Code section 15204.5(a) requires each licensed Branch 2 and Branch 3 structural pest control operator qualifying manager and (SPCB) 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 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 (\$10.00), whichever is less. Registrations may be amended to add or change operator qualifying manager and/or branch location(s) during the year for a fee not to exceed ten dollars (\$10.00).

**BRANCH 2 & 3 – STRUCTURAL PEST CONTROL BUSINESS / QUALIFYING MANAGER REGISTRATION**

**ADDITIONAL BRANCH LOCATIONS**

DATE SUBMITTED: \_\_\_\_\_

FOR YEAR: \_\_\_\_\_

List branch(es) performing work in Sonoma County:

**BRANCH OFFICE**

REGISTRATION #: \_\_\_\_\_ WORKING IN:  BRANCH 2 and/or  BRANCH 3

BRANCH ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**SUPERVISION OF BRANCH: QUALIFYING MANAGER (QM) AND BRANCH SUPERVISOR (BS) (RESPONSIBLE PERSON):**

QM NAME (print): \_\_\_\_\_ LICENSE #: \_\_\_\_\_ EXP: \_\_\_\_\_  
 Branch 2 /  Branch 3

QM NAME (print): \_\_\_\_\_ LICENSE #: \_\_\_\_\_ EXP: \_\_\_\_\_  
 Branch 2 /  Branch 3

BS NAME (print): \_\_\_\_\_ LICENSE #: \_\_\_\_\_ EXP: \_\_\_\_\_  
 Branch 2 /  Branch 3

**BRANCH OFFICE**

REGISTRATION #: \_\_\_\_\_ WORKING IN:  BRANCH 2 and/or  BRANCH 3

BRANCH ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**SUPERVISION OF BRANCH: QUALIFYING MANAGER (QM) AND BRANCH SUPERVISOR (BS) (RESPONSIBLE PERSON):**

QM NAME (print): \_\_\_\_\_ LICENSE #: \_\_\_\_\_ EXP: \_\_\_\_\_  
 Branch 2 /  Branch 3

QM NAME (print): \_\_\_\_\_ LICENSE #: \_\_\_\_\_ EXP: \_\_\_\_\_  
 Branch 2 /  Branch 3

BS NAME (print): \_\_\_\_\_ LICENSE #: \_\_\_\_\_ EXP: \_\_\_\_\_  
 Branch 2 /  Branch 3