

GLENN

COUNTY AGRICULTURAL COMMISSIONER

**REGISTRATION FOR
BRANCH 1 - STRUCTURAL FUMIGATION**

Date Submitted: _____ For Year: 2020

COMPANY INFORMATION:

Company Name: _____ Registration No. _____

Mailing Address: _____

_____ Zip: _____

Telephone: () _____ Fax: () _____ Email: _____

Physical Address: _____

(If different than above)

_____ Zip: _____

OPR: _____ Lic: _____ Exp: _____

(Print Name of Operator)

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

QM: _____ Lic: _____ Exp: _____

(Print Name)

BS: _____ Lic: _____ Exp: _____

(Print Name)

REGISTRATION INFORMATION/FEEES:

(Submit all pages with appropriate fees and signatures)

Total Fees Submitted: \$ 25.00 Make check payable to: COUNTY OF GLENN

Print Name: _____ Date: _____

Signature: _____ Title: _____

I certify that the information provided is TRUE and CORRECT

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 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 regristration or twenty-five dollars (\$25), whatever 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).

**REGISTRATION FOR
BRANCH 1 - STRUCTURAL FUMIGATION**

ADDITIONAL BRANCH LOCATIONS

Date Submitted: _____ For Year: 2020

1) Branch Office (list all) performing work in: _____ GLENN County

Branch Address: _____ Registration No. _____
Zip: _____

Telephone: () _____ Fax: () _____

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

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

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

2) Branch Office:

Branch Address: _____ Registration No. _____
Zip: _____

Telephone: () _____ Fax: () _____

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

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

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

3) Branch Office:

Branch Address: _____ Registration No. _____
Zip: _____

Telephone: () _____ Fax: () _____

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

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

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

**REGISTRATION FOR
BRANCH 1 - STRUCTURAL FUMIGATION**

**LIST OF STRUCTURAL PEST CONTROL OPERATORS/
FIELD REPRESENTATIVES**

Date: _____ Company: _____

Instructions: Use 1 sheet per location to record Operators & Field Representatives working in this county. Indicate the location from page 2; e.g. 1, 2, 3

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