

COUNTY AGRICULTURAL COMMISSIONER STRUCTURAL REGISTRATION

NGANHA "HA" DANG
 AGRICULTURAL COMMISSIONER
 SEALER OF WEIGHTS AND
 MEASURES



COUNTY OF SAN DIEGO
 DEPARTMENT OF AGRICULTURE, WEIGHTS AND MEASURES
 9325 Hazard Way, Suite 100, San Diego, CA 92123-1217
 WWW.SDCAWM.ORG



PESTICIDE REGULATION
 PROGRAM
 (858) 694-8980
 FAX (858)467-9277

BRANCH 2 & 3 2014

THIS FORM MUST BE ACCOMPANIED BY A \$10.00 FEE

Please submit BOTH pages with appropriate NOTIFICATION FEES and signature

Check here if contact information has changed. Please indicate changes on reverse side.

| | | | | |
|-------------------------------------|-------|---|----------------------------|-----------------------------------|
| COMPANY NAME | | | STRUCTURAL REGISTRATION NO | |
| | | | R | Must start with "PR" or "BR" only |
| MAILING ADDRESS | | | BUSINESS TELEPHONE NUMBER | |
| | | | | |
| CITY | STATE | ZIP CODE | FAX NUMBER | |
| | | | | |
| STRUCTURAL COMPANY'S E-MAIL ADDRESS | | E-MAIL ADDRESS FOR INSPECTIONS (If Different) | | |
| | | | | |
| HEADQUARTER ADDRESS (If Different) | | | | |
| | | | | |
| CITY | | | STATE | ZIP CODE |
| | | | | |

THIS NOTIFICATION WILL BE INVALID IF IT IS NOT ACCOMPANIED BY THE REQUIRED FEE

San Diego County Code of Administrative Ordinances

AMOUNT ENCLOSED \$ _____

Make check payable to: County of San Diego

In case of emergency, our 24 hour EMERGENCY NUMBER is _____

| | | |
|------------------------|----------------------|--------------------------|
| BRANCH 2 OPERATOR NAME | BRANCH 2 OPERATOR NO | BRANCH 2 EXPIRATION DATE |
| | O P R | |
| BRANCH 3 OPERATOR NAME | BRANCH 3 OPERATOR NO | BRANCH 3 EXPIRATION DATE |
| | O P R | |

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

| | | |
|---------|---|-----------------|
| QM NAME | QM LICENSE NO | EXPIRATION DATE |
| | [] [] [] [] [] [] [] [] [] [] | |
| BS NAME | BS LICENSE NO | EXPIRATION DATE |
| | [] [] [] [] [] [] [] [] [] [] | |

How would you like this form returned to you?

Mail E-mail Fax

FOR OFFICE USE ONLY

Section 364.3 Notice of Intent to Perform Structural Pest Control Work

AWM STAFF INITIALS STRUCTURAL NOTIFICATION DATE

SIGNATURE _____ DATE _____

TITLE _____

CAP REFERENCE NUMBER: _____

DATE PRINTED: 11/8/2013

STRUCTURAL REGISTRATION NO

| | | | | | |
|---|--|--|--|--|--|
| R | | | | | |
|---|--|--|--|--|--|

Must be filled out if listing Branches

BRANCH OFFICES -List all BRANCH Offices performing work in San Diego Co. PERFORMING WORK IN: Branch 2 Branch 3 **1**

| | | |
|-----------------|-------------------------------|---------------------------|
| MAILING ADDRESS | BRANCH REGISTRATION NO B R | BUSINESS TELEPHONE NUMBER |
| CITY | STATE ZIP CODE | FAX NUMBER |

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

| | | |
|---------|---------------|-----------------|
| QM NAME | QM LICENSE NO | EXPIRATION DATE |
| BS NAME | BS LICENSE NO | EXPIRATION DATE |

PERFORMING WORK IN: Branch 2 Branch 3 **2**

| | | |
|-----------------|-------------------------------|---------------------------|
| MAILING ADDRESS | BRANCH REGISTRATION NO B R | BUSINESS TELEPHONE NUMBER |
| CITY | STATE ZIP CODE | FAX NUMBER |

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

| | | |
|---------|---------------|-----------------|
| QM NAME | QM LICENSE NO | EXPIRATION DATE |
| BS NAME | BS LICENSE NO | EXPIRATION DATE |

PERFORMING WORK IN: Branch 2 Branch 3 **3**

| | | |
|-----------------|-------------------------------|---------------------------|
| MAILING ADDRESS | BRANCH REGISTRATION NO B R | BUSINESS TELEPHONE NUMBER |
| CITY | STATE ZIP CODE | FAX NUMBER |

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

| | | |
|---------|---------------|-----------------|
| QM NAME | QM LICENSE NO | EXPIRATION DATE |
| BS NAME | BS LICENSE NO | EXPIRATION DATE |

WHERE DO YOU PURCHASE YOUR PESTICIDES?

Other counties you perform work in
 ORANGE SAN BERNARDINO IMPERIAL RIVERSIDE LOS ANGELES VENTURA OTHER _____

Do you apply Rodenticides? YES NO Do you perform gopher control? YES NO

Is your company licensed as an Agricultural Pest Control Business also? YES NO BUSINESS LICENSE NUMBER _____ - _____

I certify that the location information above is TRUE and CORRECT

SIGNATURE _____ TITLE _____ DATE _____

*Please Submit BOTH pages with appropriate NOTIFICATION FEES and signature