



COUNTY OF SAN DIEGO
DEPARTMENT OF AGRICULTURE,
WEIGHTS & MEASURES
PESTICIDE REGULATION PROGRAM

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E-mail: prp.awm@sdcounty.ca.gov

BRANCH 2 & 3 STRUCTURAL REGISTRATION

2026 (expires: 12/31/2026)

THIS FORM MUST BE ACCOMPANIED BY \$10.00 FEE

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

COMPANY NAME			STRUCTURAL REGISTRATION # (Must Start with PR or BR)		
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
AMOUNT ENCLOSED \$_____ (Make check payable to: County of San Diego)

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

BRANCH 2 OPERATOR NAME	BRANCH 2 OPERATOR # O P R	EXPIRATION DATE
BRANCH 3 OPERATOR NAME	BRANCH 3 OPERATOR # O P R	EXPIRATION DATE

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

QM NAME	QM LICENSE #	EXPIRATION DATE
BS NAME	BS LICENSE #	EXPIRATION DATE

How would you like your form returned to you? Mail ☐ E-mail ☐ Fax ☐

APPLICANT SIGNATURE

DATE

AUTHORIZED REPRESENTATIVE'S SIGNATURE FOR
HA DANG, AGRICULTURAL COMMISSIONER

REGISTRATION DATE

Public Disclosure

We strive to protect personally identifiable information by collecting only information necessary to deliver our services. All information that may be collected at this site becomes public record that may be subject to inspection and copying by the public, unless an exemption in law exists. In the event of a conflict between this Privacy Notice and any County ordinance or other law governing the County's disclosure of records, the County ordinance or other applicable law will control.

Access and Correction of Personal Information

You can review any personal information we collect about you. You may recommend changes to your personal information you believe is in error by submitting a written request that credibly shows the error. If you believe that your personal information is being used for a purpose other than what was intended when submitted, you may contact us. In all cases, we will take reasonable steps to verify your identity before granting access or making corrections. See Contact Information section.

2026

STRUCTURAL REGISTRATION NO

	R				
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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 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	BUSINESS TELEPHONE NUMBER
CITY	STATE	ZIP CODE
		FAX NUMBER

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

QM NAME	QM LICENSE NO <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	EXPIRATION DATE
BS NAME	BS LICENSE NO <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	EXPIRATION DATE

PERFORMING WORK IN: Branch 2 ☐
Branch 3 ☐

2

MAILING ADDRESS	BRANCH REGISTRATION NO B R <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	BUSINESS TELEPHONE NUMBER
CITY	STATE	ZIP CODE
		FAX NUMBER

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

QM NAME	QM LICENSE NO <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	EXPIRATION DATE
BS NAME	BS LICENSE NO <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	EXPIRATION DATE

PERFORMING WORK IN: Branch 2 ☐
Branch 3 ☐

3

MAILING ADDRESS	BRANCH REGISTRATION NO B R <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	BUSINESS TELEPHONE NUMBER
CITY	STATE	ZIP CODE
		FAX NUMBER

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

QM NAME	QM LICENSE NO <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	EXPIRATION DATE
BS NAME	BS LICENSE NO <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	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

BUSINESS LICENSE NUMBER

Is your company licensed as an Agricultural Pest Control Business also? ☐ YES ☐ NO

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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I certify that the location information above is TRUE and CORRECT

SIGNATURE

TITLE

DATE

*Please Submit BOTH pages with appropriate NOTIFICATION FEES and signature