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

9325 Hazard Way, Ste. 100
San Diego, CA 92123
Phone: (858) 694-8980
Fax: (858) 467-9277
Website: **http://www.sdcawm.org**
E-mail: **prp.awm@sdcounty.ca.gov**

BRANCH 1 FUMIGATION REGISTRATION

2027 (expires: 12/31/2027)

THIS FORM MUST BE ACCOMPANIED BY $10.00 FEE

☐ **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: _____

OPERATOR NAME	BRANCH 1 OPERATOR #	EXPIRATION DATE
	O P R	

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.

COUNTY OF SAN DIEGO
DEPARTMENT OF AGRICULTURE,
WEIGHTS & MEASURES
9325 Hazard Way, Ste. 100
San Diego, CA 92123

COUNTY AGRICULTURAL COMMISSIONER
REGISTRATION FOR
BRANCH 1 FUMIGATION **2027**

LIST OF STRUCTURAL PEST CONTROL OPERATORS / FIELD REPRESENTATIVES

COMPANY NAME **Date**

INSTRUCTIONS: Use 1 sheet / location to record Operators and Field Representatives working in this county. Indicate the location from page 2; eg- 1 / 2 / 3

	Last Name	First Name	Office Number Page 2	License Number	Expiration Date
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

COUNTY OF SAN DIEGO
DEPARTMENT OF AGRICULTURE, WEIGHTS & MEASURES
9325 Hazard Way, Suite 100
San Diego, CA 92123

COUNTY AGRICULTURAL COMMISSIONER
STRUCTURAL REGISTRATION

2027

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 1 ☒ **1**

MAILING ADDRESS	BRANCH REGISTRATION NO	BUSINESS TELEPHONE NUMBER
	BR	
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 1 ☒ **2**

MAILING ADDRESS	BRANCH REGISTRATION NO	BUSINESS TELEPHONE NUMBER
	BR	
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 1 ☒ **3**

MAILING ADDRESS	BRANCH REGISTRATION NO	BUSINESS TELEPHONE NUMBER
	BR	
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