

REGISTRATION FOR BRANCH 1 – STRUCTURAL FUMIGATION

Please attach a copy of the Structural Pest Control Board Company Registration Certificate

FOR REGISTRATION IN COUNTY OF: TUOLUMNE			FOR YEAR	
PRIMARY COMPANY INFORMATION (Complete if Primary is performing work in county)				
COMPANY NAME			REGISTRATION NUMBER	
MAILING ADDRESS			PR	
CITY		STATE		ZIP CODE
PHYSICAL ADDRESS (if different than mailing address)		CITY		STATE
CITY		STATE		ZIP CODE
TELEPHONE NUMBER			FAX NUMBER	
EMAIL ADDRESS				
DO YOU HAVE EMPLOYEES? <input type="checkbox"/> YES <input type="checkbox"/> NO				
SUPERVISION				
Qualifying Manager (QM) and Branch Supervisor (BS) Responsible Person				
QM: (Print Name)		OPR LICENSE NUMBER		EXP
BS: (Print Name)		<input type="checkbox"/> FR or <input type="checkbox"/> OPR LIC NUMBER		EXP
		<input type="checkbox"/> BRANCH 1		<input type="checkbox"/> BRANCH 2/3
		<input type="checkbox"/> BRANCH 1		<input type="checkbox"/> BRANCH 2/3
REGISTRATION INFORMATION / FEES				
Submit all pages with appropriate fees, and signatures)				
TOTAL FEES SUBMITTED: \$25.00			MAKE CHECK PAYABLE TO: TUOLUMNE COUNTY	
PRINT NAME:			DATE	
SIGNATURE: _____ <small>I certify that the information provided is TRUE and CORRECT.</small>			TITLE	
OFFICE USE ONLY			RECEIPT #	
REGISTRATION FEE RECEIVED: \$25.00 <input type="checkbox"/> CASH <input type="checkbox"/> CHECK # _____ Initial _____				
DATE FEE RECEIVED: _____				

THIS REGISTRATION WILL NOT BE VALID IF IT IS NOT ACCOMPANIED BY THE REQUIRED FEE (if applicable). Food and Agricultural Code section 15204(a) requires: each licensed structural pest control operator, field representative, and (SPCB) registered company to register with the commissioner prior to conducting fumigations in any county. The registration shall cover a calendar year. The fee shall be set by the county Board of Supervisors.