

RIVERSIDE COUNTY AGRICULTURAL COMMISSIONER
STRUCTURAL PEST CONTROL BUSINESS / QUALIFYING MANAGER REGISTRATION
BRANCH 2 & 3

For Year: 2025

COMPANY INFORMATION: Performing work in: Branch 2 &/or Branch 3

Company Name: _____ PR License No. _____

Mailing Address: _____

City _____ State: _____ Zip: _____

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

Physical Address: _____
(if different than above)

City: _____ State: _____ Zip: _____

OPR: _____ Lic: _____ Exp: _____ Branch 2 / Branch 3
(Print Name)

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

QM: _____ Lic: _____ Exp: _____ Branch 2 / Branch 3
(Print Name)

BS: _____ Lic: _____ Exp: _____ Branch 2 / Branch 3
(Print Name)

REGISTRATION INFORMATION / FEES:

(IF PAID ONLINE, REGISTRATION FORMS ARE STILL REQUIRED TO BE SUBMITTED TO OUR OFFICE)

Total Fees Submitted: _____ Make check payable to: County of Riverside

Print Name: _____ Date: _____

Signature: _____ Title: _____

I certify that the information provided is TRUE and CORRECT

Agricultural Commissioner's Signature _____ Date: _____

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 Branch 2 and Branch 3 structural pest control operator qualifying manager and (SPCB) registered company to register with the commissioner prior to operating a structural pest control business 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 registration or ten dollars (\$10), whichever is less. Registrations may be amended to add or change operator qualifying manager and/or branch location(s) during the year for a fee not to exceed ten dollars (\$10).

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ADDITIONAL BRANCH LOCATIONS PERFORMING WORK IN RIVERSIDE COUNTY

Business Name: _____ For Year: **2025**

Branch Address: _____ BR License No. _____
_____ State: _____ Zip: _____

Telephone: () _____ Fax: () _____ Working in: Branch 2 &/or Branch 3

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

QM: _____ Lic: _____ Exp: _____ Branch 2 / Branch 3
(Print Name)

QM: _____ Lic: _____ Exp: _____ Branch 2 / Branch 3
(Print Name)

BS: _____ Lic: _____ Exp: _____ Branch 2 / Branch 3
(Print Name)

Branch Address: _____ BR License No. _____
_____ Zip _____

Telephone: () _____ Fax: () _____ Working in: Branch 2 &/or Branch 3

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

QM: _____ Lic: _____ Exp: _____ Branch 2 / Branch 3
(Print Name)

QM: _____ Lic: _____ Exp: _____ Branch 2 / Branch 3
(Print Name)

BS: _____ Lic: _____ Exp: _____ Branch 2 / Branch 3
(Print Name)

Branch Address: _____ BR License No. _____
_____ Zip _____

Telephone: () _____ Fax: () _____ Working in: Branch 2 &/or Branch 3

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

QM: _____ Lic: _____ Exp: _____ Branch 2 / Branch 3
(Print Name)

QM: _____ Lic: _____ Exp: _____ Branch 2 / Branch 3
(Print Name)

BS: _____ Lic: _____ Exp: _____ Branch 2 / Branch 3

Agricultural Commissioner's Signature _____ Date: _____