

RIVERSIDE COUNTY AGRICULTURAL COMMISSIONER

REGISTRATION FOR  
BRANCH 1 – STRUCTURAL FUMIGATION  
For Year: **2023**

COMPANY INFORMATION:

Company Name: \_\_\_\_\_ PR License No. \_\_\_\_\_

Mailing Address: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Email Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_  
(if different than above) State: \_\_\_\_\_ Zip: \_\_\_\_\_

OPR: \_\_\_\_\_ License: \_\_\_\_\_ Exp: \_\_\_\_\_  
(Print Name)

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

QM: \_\_\_\_\_ License: \_\_\_\_\_ Exp: \_\_\_\_\_  
(Print Name)

BS: \_\_\_\_\_ License: \_\_\_\_\_ Exp: \_\_\_\_\_  
(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 15204.5(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. 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 twenty-five dollars (\$25), whichever is less. Registrations may be amended to add operators, field representatives and locations during the year for a fee not to exceed ten dollars (\$10).

TRANSACTION ID# FOR ONLINE PAYMENTS \_\_\_\_\_

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**ADDITIONAL BRANCH LOCATIONS**

Company Name: \_\_\_\_\_ For Year: **2023**

1) BRANCH OFFICE (list all) performing work in the County of Riverside

Branch Address: \_\_\_\_\_ BR License No. \_\_\_\_\_  
\_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

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

QM: \_\_\_\_\_ License: \_\_\_\_\_ Exp: \_\_\_\_\_  
(Print Name)

BS: \_\_\_\_\_ License: \_\_\_\_\_ Exp: \_\_\_\_\_  
(Print Name)

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2) BRANCH OFFICE:

Branch Address: \_\_\_\_\_ BR License No. \_\_\_\_\_  
\_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

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

QM: \_\_\_\_\_ License: \_\_\_\_\_ Exp: \_\_\_\_\_  
(Print Name)

BS: \_\_\_\_\_ License: \_\_\_\_\_ Exp: \_\_\_\_\_  
(Print Name)

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3) BRANCH OFFICE:

Branch Address: \_\_\_\_\_ BR License No. \_\_\_\_\_  
\_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

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

QM: \_\_\_\_\_ License: \_\_\_\_\_ Exp: \_\_\_\_\_  
(Print Name)

BS: \_\_\_\_\_ License: \_\_\_\_\_ Exp: \_\_\_\_\_  
(Print Name)

Agricultural Commissioner's Signature \_\_\_\_\_ Date: \_\_\_\_\_

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**LIST OF STRUCTURAL PEST CONTROL OPERATORS /  
FIELD REPRESENTATIVES**

Date: \_\_\_\_\_

Company: \_\_\_\_\_

Instructions: Use 1 sheet / location to record Operators & Field Representatives  
working in this county. Indicate the location from page 2; e.g. 1, 2, 3

	Last Name	First Name	Branch Location from page 2	License Number Field Rep # or Operator #	Exp. Date
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					