

STRUCTURAL PEST CONTROL OPERATOR ANNUAL REGISTRATION 2016

This Registration Form must be submitted to conduct structural pest control in Los Angeles County. This registration will not be valid unless accompanied by the required fee. Sections 15204(a) and 15204.5 of the California Food and Agricultural Code states: Each licensed structural pest control operator shall notify the commissioner prior to operating a structural pest control business in the county. The registration shall cover one calendar year, unless a shorter time is specified by the structural pest control licensee. A fee will 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.

HEADQUARTERS			
Company name:		Business Primary Registration No. (PR#):	
Company address:	City:	State:	ZIP Code:
Company mailing address:	City:	State:	ZIP Code:
Telephone number of representative:	Fax number:	E-mail address:	
BRANCH LICENSEES			
Branch 1 Licensee – Name:		Operator License No.:	
Address:	City:	State:	ZIP Code:
Branch 2 Licensee – Name:		Operator License No.:	
Address:	City:	State:	ZIP Code:
Branch 3 Licensee – Name:		Operator License No.:	
Address:	City:	State:	ZIP Code:
LOCATION OF BRANCH OFFICES			
<i>List headquarters office and all branch offices performing structural pest control in Los Angeles County below. Use additional pages if necessary.</i>			
Address:	City:	State:	Zip Code:
Name of Authorized Representative:		Phone:	
Branch 1 <input type="checkbox"/> Branch 2 <input type="checkbox"/> Branch 3 <input type="checkbox"/> Branch Office No. (BR):		Operator License No.:	
Address:	City:	State:	Zip Code:
Name of Authorized Representative:		Phone:	
Branch 1 <input type="checkbox"/> Branch 2 <input type="checkbox"/> Branch 3 <input type="checkbox"/> Branch Office No. (BR):		Operator License No.:	
Address:	City:	State:	ZIP Code:
Name of Authorized Representative:		Phone:	
Branch 1 <input type="checkbox"/> Branch 2 <input type="checkbox"/> Branch 3 <input type="checkbox"/> Branch Office No. (BR):		Operator License No.:	

I certify that all information submitted on this application for registration is accurate and complete.

X _____ / _____ / _____
 Signature of Authorized Representative Type or Print Name/Title Date Signed

Mail completed application and required fee to:

Los Angeles County Department of
 Agricultural Commissioner/ Weights & Measures
 12300 Lower Azusa Rd., Arcadia, California 91006-5872

For County Use Only
DR#:
Fee \$:
Date Received

BRANCH 1 – STRUCTURAL FUMIGATION REGISTRATION

Company Name: _____

List Structural Pest Control Operators and Field Representatives working in Los Angeles County.

Last Name	First Name	Branch Location	License No., OPR No. or PR No.	Expiration Date
1.				
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