Los Angeles County Department of Agricultural Commissioner/Weights & Measures 12300 Lower Azusa Road, Arcadia CA 91006-5872 Tel: (626) 575-5466 Fax: (626) 443-6652

## STRUCTURAL PEST CONTROL OPERATOR ANNUAL REGISTRATION 2024

ACWM FORM SPCO APPLI Page 1 of 2

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:		Fax number: E-m		E-mail addres	ldress:				
BRANCH LICENSEES/ QUALIFYING MANAGER  Use additional pages if necessary.									
Licensee – Name:			Operator License No.:			Branch 1  Branch 2  Branch 3			
Address:		City:				State:	Zip Code:		
LOCATION OF BRANCH OFFICES  List all branch offices performing structural pest control in Los Angeles County below. Use additional pages if necessary.									
Address:		City:				State:	Zip Code:		
Name of Authorized Representative:	<u>I</u>				Phone:				
Branch 1 Branch 2 Branch 3 Branch 3	Branch Office No. (BR#):	Operator License No.:							
Address:		City:	City:			State:	Zip Code:		
Name of Authorized Representative:						Phone:			
Branch 1 Branch 2 Branch 3 Branch 3	Branch Office No. (BR#):		Operator License No.:						
Address:		City:	City:			State:	ZIP Code:		
Name of Authorized Representative:					Phone:				
Branch 1 Branch 2 Branch 3 Branch 3	Branch Office No. (BR#): Operato			r License No.:					
I certify that all information submitted on this application for registration is accurate and complete.  X/									
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#:			LIVE BEE REMOVAL – MY CONTACT INFORMATION PROVIDED FOR PUBLIC USE  I am licensed to do structural bee removal.  License No.:  Geographic Area Serviced:						
Fee:	Geographic Area Serviced:								
Date Received:  Please indicate what is done with the captured swar					otured swarms	here:			
Cash Check Lide not perform any bee removal services									

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ACWM FORM SPCO APPLI Page 2 of 2

Company Name:								
List additional Branch Licensees/Qualifying Managers								
Licensee – Name:	Operator License No.:	Branch 1 🗆 🛚 E	Branch 2  Branch 3					
Address:	City:	State:	Zip Code:					
Licensee – Name:	Operator License No.:	Branch 1 🗆 E	Branch 2  Branch 3					
Address:	City:	State:	Zin Code:					

## **BRANCH 1 - STRUCTURAL FUMIGATION REGISTRATION**

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				
2				
3				
4				
5				
6				
7.				
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12				
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15				