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 2025

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:	pany address: City:		ity:		State:	Zip Code:	Zip Code:	
Company mailing address:		City:		State:	Zip Code:	Zip Code:		
Telephone number:		Fax number:			E-mail address:			
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:			Phone:					
Branch 1 🔲 Branch 2 🔲 Branch 3 🗌	Branch Office No. (BR#): Operato			r License No.:				
Address: C		City:		State:	te: Zip Code:			
Name of Authorized Representative:				Phone:				
Branch 1 🔲 Branch 2 🗌 Branch 3 🗌	Branch Office No. (BR#):	Operator License No.:						
Address:		City:		State:	ZIP Code:			
Name of Authorized Representative:				Phone:				
Branch 1 🔲 Branch 2 🗌 Branch 3 🗌	Branch Office No. (BR#): O			Operator License No.:				

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

Х	1			
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/We 12300 Lower Azusa Rd., Arcadia, California 91006-5872	ights & Measures			

For County Use Only DR#:	VOLUNTARY- If you have a Branch 2 license and would like to be part of our <u>Structural Bee Removal</u> <u>Referral List</u> , please fill out this section. This list will be provided to the public in need of structural bee removals.
Fee:	Yes, I would like to be added onto the Structural Bee Removal Referral List.
Date Received: Cash Check	Service areas include:

STRUCTURAL PEST CONTROL OPERATOR ANNUAL REGISTRATION 2025

ACWM FORM SPCO APPLI Page 2 of 2

Company Name:

List additional Branch Licensees/Qualifying Managers

Licensee – Name:	Operator License No.:	Branch 1 🛛 🛛 🛛	Branch 2 🔲 Branch 3 🗌
Address:	City:	State:	Zip Code:
Licensee – Name:	Operator License No.:	Branch 1 🗌 🛛 🛛	Branch 2 🔲 Branch 3 🗌
Address:	City:	State:	Zip 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,				
8				
9				
10				
11				
12				
13				
14				
15				