

STRUCTURAL PEST CONTROL OPERATOR ANNUAL REGISTRATION 2025

Company Name: _____

List additional Branch Licensees/Qualifying Managers

Licensee – Name:	Operator License No.:	Branch 1 <input type="checkbox"/>	Branch 2 <input type="checkbox"/>	Branch 3 <input type="checkbox"/>
Address:	City:	State:	Zip Code:	
Licensee – Name:	Operator License No.:	Branch 1 <input type="checkbox"/>	Branch 2 <input type="checkbox"/>	Branch 3 <input type="checkbox"/>
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					