SOLANO COUNTY AGRICULTURAL COMMISSIONER

STRUCTURAL PEST CONTROL BUSINESS/QUALIFYING MANAGER REGISTRATION

BRANCH 2 & 3

(Please print)

Date Submitted:	For Year:

COMPANY INFORMATION

Performing work in: ❑ Branch 2 ❑ Branch 3

Company Name:	Registration No.:

Mailing Address:

Telephone:	Fax:	Email:

Physical Address: (if different from above)	

OPR:	Lic:	Exp:	❑ Branch 2 ❑ Branch 3

SUPERVISION: Qualifying Manager (QM) **and** Branch Supervisor (BS) (Responsible Person)
Must list both Qualifying Manager and Branch Supervisor

QM:	Lic:	Exp:	❑ Branch 2 ❑ Branch 3
BS:	Lic:	Exp:	❑ Branch 2 ❑ Branch 3

REGISTRATION INFORMATION / FEES:

Total Fees Submitted: $_____		Make check payable to: **Solano County** Mail to: Solano County Department of Agriculture 501 Texas St., Fairfield, CA 94533
Print Name:		Date:
Signature:		Title:

I CERTIFY THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT.

THIS REGISTRATION WILL NOT BE VALID IF IT IS NOT ACCOMPANIED BY THE REQUIRED FEE (IF APPLICABLE). FOOD AND AGRICULTURAL CODE SECTION 15204 (A) REQUIRES EACH LICENSED BRANCH 2 AND BRANCH 3 STRUCTURAL PEST CONTROL OPERATOR QUALIFYING MANAGER AND (SPCB) REGISTERED COMPANY TO REGISTER WITH THE COMMISSIONER PRIOR TO OPERATING A STRUCTURAL PEST CONTROL BUSINESS IN THE 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 TEN DOLLARS ($10), WHICHEVER IS LESS. REGISTRATIONS MAY BE AMENDED TO ADD OR CHANGE OPERATOR QUALIFYING MANAGER AND/OR BRANCH LOCATION(S) DURING THE YEAR FOR A FEE NOT TO EXCEED TEN DOLLARS ($10).

ADDITIONAL LOCATIONS

Date Submitted:	For Year:

1. BRANCH OFFICE (LIST ALL) PERFORMING WORK IN: **SOLANO COUNTY**

		Registration No.
Mailing Address:		
Telephone:	Fax:	Email:
Performing work in: ❑ Branch 2 ❑ Branch 3		

SUPERVISION: Qualifying Manager (QM) **and** Branch Supervisor (BS) (Responsible Person)
Must list both Qualifying Manager and Branch Supervisor

QM:	Lic:	Exp:	❑ Branch 2 ❑ Branch 3
QM:	Lic:	Exp:	❑ Branch 2 ❑ Branch 3
BS:	Lic:	Exp:	❑ Branch 2 ❑ Branch 3

2. PERFORMING WORK IN: **SOLANO COUNTY**

		Registration No.
Mailing Address:		
Telephone:	Fax:	Email:
Performing work in: ❑ Branch 2 ❑ Branch 3		

SUPERVISION: Qualifying Manager (QM) **and** Branch Supervisor (BS) (Responsible Person)
Must list both Qualifying Manager and Branch Supervisor

Branch Address:			
QM:	Lic:	Exp:	❑ Branch 2 ❑ Branch 3
QM:	Lic:	Exp:	❑ Branch 2 ❑ Branch 3
BS:	Lic:	Exp:	❑ Branch 2 ❑ Branch 3

3. PERFORMING WORK IN: **SOLANO COUNTY**

		Registration No.
Mailing Address:		
Telephone:	Fax:	Email:
Performing work in: ❑ Branch 2 ❑ Branch 3		

SUPERVISION: Qualifying Manager (QM) **and** Branch Supervisor (BS) (Responsible Person)
Must list both Qualifying Manager and Branch Supervisor

Branch Address:			
QM:	Lic:	Exp:	❑ Branch 2 ❑ Branch 3
QM:	Lic:	Exp:	❑ Branch 2 ❑ Branch 3
BS:	Lic:	Exp:	❑ Branch 2 ❑ Branch 3