



STRUCTURAL PEST CONTROL BUSINESS 2019 ANNUAL REGISTRATION

State law (section 15204 and 15204.5 of the Food and Agricultural Code) requires structural pest control business intending to perform pest control work in any county, to register with the Agricultural Commissioner of that County **prior** to performing pest control. ***It is a violation to perform work in Orange County without first registering with the County Agricultural Commissioner.***

Business Type	Registration Fee
Branch 1	\$25
Branch 2	\$10
Branch 3	\$10
Branch 2 & 3	\$20
We accept CHECK or MONEY ORDER.	
Make checks/money order payable to "Orange County Treasurer."	
<small>*Effective as of July 1, 2015*</small>	

Registration requirements:

1. Registration is required prior to operating in that county.
2. Branch 1 Structural Pest Control Business must register that business separately from its Branch 2 or Branch 3 business, listing each satellite or branch office (location) on the registration form.
3. If you are a Branch 2 and/or Branch 3 Structural Company, please fill out the form titled BRANCH 2 and/or Branch 3. List all branch offices in Orange County and the Qualifying Manager or responsible person.
4. Branch 2 and Branch 3 SPCB may register that business as one entity, listing each satellite or branch office (location) on the form.
5. Please include a copy of your business license in order for us to update our records.

You must either register by mail or in-person:

- If you are a Branch 1 Structural Company, please fill out the form titled BRANCH 1 – STRUCTURAL FUMIGATION. List all branch offices in Orange County and the Qualifying Manager or Branch Supervisor. On the reverse side of the registration form, list all Operators and Field Representatives that will be working in this county.

Return registration form and payment to:
ORANGE COUNTY AGRICULTURAL COMMISSIONER
222 EAST BRISTOL LANE
ORANGE, CA 92865-2714

Please make checks payable to: ORANGE COUNTY TREASURER
Your cleared check is proof of registration with our office. Please make a copy of your completed registration form for your record.

If you need further assistance, please contact the office at (714) 955-0100.

WEBSITE: WWW.OCAGCOMM.COM
 (If you need additional information or forms, please go to the website)

ORANGE COUNTY AGRICULTURAL COMMISSIONER
STRUCTURAL PEST CONTROL BUSINESS / QUALIFYING MANAGER REGISTRATION
BRANCH 2 and/or BRANCH 3

For Year: **2019**

Date Submitted: _____ **Requesting New** User Name & Password to submit use reports online:

Email: _____

COMPANY INFORMATION: Performing work in (Check appropriate box):

Branch 2 (\$10 Fee) **Branch 3 (\$10 Fee)** **Branch 2 & 3 (\$20 Fee)**

Company Name: _____ Registration No. PR _____
(Not Branch Number)

Mailing Address: _____

City: _____ Zip: _____

Telephone: () _____ Fax: () _____

Physical Address: _____
(If different than above)

City: _____ Zip: _____

OPR: _____ Lic: _____ Exp: _____ Branch 2 / Branch 3
Print Name *(PLEASE CIRCLE)*

SUPERVISION: Qualifying Manager – QM; Branch Supervisor – BS (Responsible Person)

QM: _____ Lic: _____ Exp: _____ Branch 2 / Branch 3
(Print Name) *(PLEASE CIRCLE)*

BS: _____ Lic: _____ Exp: _____ Branch 2 / Branch 3
(Print Name) *(PLEASE CIRCLE)*

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. The registration shall cover a calendar year. 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.

Registration fee is \$10 each for Branch 2.

Registration fee is \$10 each for Branch 3.

Registration fee is \$20 for both Branch 2 and 3.

WE ACCEPT CHECK OR MONEY ORDER. MAKE CHECKS PAYABLE TO: ORANGE COUNTY TREASURER.

ADDITIONAL LOCATIONS

Date Submitted: _____

Year: **2019**

1) Branch Office (list all) performing work in Orange County:

Branch Address: _____ Registration No. _____

City: _____ Zip: _____

Telephone: () _____ Fax: () _____ Working in: Branch 2 Branch 3

SUPERVISION: Qualifying Manager – QM and Branch Supervisor (Responsible Person) - BS

QM: _____ Lic: _____ Exp: _____ Branch 2 / Branch 3
(Print Name) (PLEASE CIRCLE)

QM: _____ Lic: _____ Exp: _____ Branch 2 / Branch 3
(Print Name) (PLEASE CIRCLE)

BS: _____ Lic: _____ Exp: _____ Branch 2 / Branch 3
(Print Name) (PLEASE CIRCLE)

2) Branch Office:

Branch Address: _____ Registration No. _____

City: _____ Zip: _____

Telephone: () _____ Fax: () _____ Working in: Branch 2 Branch 3

SUPERVISION: Qualifying Manager – QM and Branch Supervisor (Responsible Person) - BS

QM: _____ Lic: _____ Exp: _____ Branch 2 / Branch 3
(Print Name) (PLEASE CIRCLE)

QM: _____ Lic: _____ Exp: _____ Branch 2 / Branch 3
(Print Name) (PLEASE CIRCLE)

BS: _____ Lic: _____ Exp: _____ Branch 2 / Branch 3
(Print Name) (PLEASE CIRCLE)

PLEASE MAIL TO:

AGRICULTURAL COMMISSIONER
222 EAST BRISTOL LANE
ORANGE, CALIFORNIA 92865-2714
PHONE: (714) 955-0100 FAX: (714) 921-2713
WEBSITE: WWW.OCAGCOMM.COM

FOR ONLINE PESTICIDE USE REPORTING, GO TO: WWW.CALAGPERMITS.ORG