



## STRUCTURAL PEST CONTROL BUSINESS 2018 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
<b>We accept CHECK or MONEY ORDER.</b> <b>Make checks/money order payable to "Orange County Treasurer."</b> <small><i>*Effective as of July 1, 2015*</i></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](http://WWW.OCAGCOMM.COM)  
 (If you need additional information or forms, please go to the website)

ORANGE COUNTY AGRICULTURAL COMMISSIONER  
REGISTRATION FOR  
BRANCH 1 – STRUCTURAL FUMIGATION  
For Year: **2018**

Date Submitted: \_\_\_\_\_  Requesting New User Name & Password to submit use reports online:

Email: \_\_\_\_\_

**COMPANY INFORMATION:**

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

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Physical Address: \_\_\_\_\_  
(if different than above)

City: \_\_\_\_\_ Zip: \_\_\_\_\_

OPR: \_\_\_\_\_ License: \_\_\_\_\_ Expiration: \_\_\_\_\_  
(Print Name)

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

QM: \_\_\_\_\_ License: \_\_\_\_\_ Expiration: \_\_\_\_\_  
(Print Name)

BS: \_\_\_\_\_ License: \_\_\_\_\_ Expiration: \_\_\_\_\_  
(Print Name)

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.** Food and Agricultural Code section 15204.5(a) requires each licensed structural pest control operator, field representative and (SPCB) registered company to register with the commissioner prior to conducting fumigations in any county. The registration shall cover a calendar year.

**Registration fee is \$25 for Branch 1.**

**WE ACCEPT CHECK OR MONEY ORDER. 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.*

ADDITIONAL LOCATIONS

Date Submitted: \_\_\_\_\_

Year: **2018**

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

Branch Address: \_\_\_\_\_ Registration No: \_\_\_\_\_  
\_\_\_\_\_  
Zip \_\_\_\_\_  
Telephone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

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

QM: \_\_\_\_\_ Lic: \_\_\_\_\_ Exp: \_\_\_\_\_  
(Print Name)  
BS: \_\_\_\_\_ Lic: \_\_\_\_\_ Exp: \_\_\_\_\_  
(Print Name)

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**2) Branch Office:**

Branch Address: \_\_\_\_\_ Registration No: \_\_\_\_\_  
\_\_\_\_\_  
Zip \_\_\_\_\_  
Telephone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

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

QM: \_\_\_\_\_ Lic: \_\_\_\_\_ Exp: \_\_\_\_\_  
(Print Name)  
BS: \_\_\_\_\_ Lic: \_\_\_\_\_ Exp: \_\_\_\_\_

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PLEASE MAIL TO: **ORANGE COUNTY AGRICULTURAL COMMISSIONER**  
**222 EAST BRISTOL LANE**  
**ORANGE, CALIFORNIA 92865-2714**  
PHONE: **(714) 955-0100** FAX: **(714) 921-2713**

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

