SAN MATEO COUNTY AGRICULTURAL COMMISSIONER
STRUCTURAL PEST CONTROL BUSINESS / QUALIFYING MANAGER
BRANCH 2 & 3 REGISTRATION

Date Submitted: _______________ For Year: _______________

COMPANY INFORMATION: Performing work in: Branch 2 &/or Branch 3

Company Name: ___________________________ Registration No. ________________

Mailing Address:
__________________________________________________________________________
__________________________________________________________________________ Zip: _____________

Telephone: ( ) __________ Fax: ( ) __________ Email: ______________________

Physical Address:
(if different than above)
__________________________________________________________________________ Zip: _____________

OPR: ___________________________ Lic: __________ Exp: ________ Branch 2 / Branch 3
(Print Name)

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

QM: ___________________________ Lic: __________ Exp: ________ Branch 2 / Branch 3
(Print Name)

BS: ___________________________ Lic: __________ Exp: ________ Branch 2 / Branch 3
(Print Name)

REGISTRATION INFORMATION/FEE: $10.00
(Submit all pages with appropriate fee and signatures)

Mail to: San Mateo County Department of Agriculture
P.O. Box 999
Redwood City, Ca 94064-0999

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
during the year for a fee not to exceed ten dollars ($10).
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ADDITIONAL LOCATIONS

Date Submitted: _________________             For Year: ____________

Branch Office (list all) performing work in San Mateo County

1) Branch Address: _________________________________ Registration No. __________
_________________________________ Zip_________
Telephone: (       ) __________    Fax:  (       ) __________  Working in: □ Branch 2 &/or □ Branch 3

SUPERVISION: Qualifying Manager – QM and Branch Supervisor (Responsible Person) - BS
QM: ______________________________ Lic:__________ Exp: ________ Branch 2 / Branch 3
(Print Name)
QM: ______________________________ Lic:__________ Exp: ________ Branch 2 / Branch 3
(Print Name)
BS: __________________________________ Lic:__________ Exp: ________ Branch 2 / Branch 3
(Print Name)

2) Branch Office:
Branch Address: _________________________________ Registration No. __________
_________________________________ Zip_________
Telephone: (       ) __________    Fax:  (       ) __________  Working in: □ Branch 2 &/or □ Branch 3

SUPERVISION: Qualifying Manager – QM and Branch Supervisor (Responsible Person) - BS
QM: ______________________________ Lic:__________ Exp: ________ Branch 2 / Branch 3
(Print Name)
QM: ______________________________ Lic:__________ Exp: ________ Branch 2 / Branch 3
(Print Name)
BS: __________________________________ Lic:__________ Exp: ________ Branch 2 / Branch 3
(Print Name)

3) Branch Office:
Branch Address: _________________________________ Registration No. __________
_________________________________ Zip_________
Telephone: (       ) __________    Fax:  (       ) __________  Working in: □ Branch 2 &/or □ Branch 3

SUPERVISION: Qualifying Manager – QM and Branch Supervisor (Responsible Person) - BS
QM: ______________________________ Lic:__________ Exp: ________ Branch 2 / Branch 3
(Print Name)
QM: ______________________________ Lic:__________ Exp: ________ Branch 2 / Branch 3
(Print Name)
BS: __________________________________ Lic:__________ Exp: ________ Branch 2 / Branch 3