



County of Fresno

DEPARTMENT OF AGRICULTURE

MELISSA CREGAN

AGRICULTURAL COMMISSIONER/
SEALER OF WEIGHTS & MEASURES

BRANCH 1 REGISTRATION – STRUCTURAL FUMIGATION

Registration Fee: \$25.00

Date Submitted: _____

Year: _____

COMPANY INFORMATION

Company Name _____ Registration Number _____

Mailing Address _____ City _____ Zip Code _____

Phone _____ Fax _____ Email _____

Physical Address (If different than above) _____ City _____ Zip Code _____

Operator Name (Please Print) _____ License Number _____ Expiration Date _____

SUPERVISION

Qualifying Manager (Please Print) _____ License Number _____ Expiration Date _____

Branch Supervisor (Please Print) _____ License Number _____ Expiration Date _____

REGISTRATION INFORMATION/FEE: \$25.00 (Submit all pages with appropriate fees and signatures)

Total Fees Submitted: \$ _____ **Make check payable to: Fresno County Treasurer**

I CERTIFY THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT

Name (Please Print) _____ Date _____

Signature _____ Date _____

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. 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 twenty-five dollars (\$25), whichever is less. Registrations may be amended to add operators, field representatives and locations during the year for a fee not to exceed ten dollars (\$10).

1730 S. Maple Avenue, Fresno, California 93702 / (559) 600-7510

<https://www.fresnocountyca.gov/Departments/Agricultural-Commissioner> - fresnoag@fresnocountyca.gov

The County of Fresno is an Equal Employment Opportunity Employer



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ADDITIONAL BRANCH OFFICE LOCATIONS

1. _____
Registration Number

_____ City _____ Zip Code
Business Address

_____ Fax _____
Phone

_____ Expiration Date _____
License Number
Qualifying Manager (Please Print)

_____ Expiration Date _____
License Number
Qualifying Manager (Please Print)

_____ Expiration Date _____
License Number
Branch Supervisor (Please Print)

2. _____
Branch Office Registration Number

_____ City _____ Zip Code
Business Address

_____ Fax _____
Phone

_____ Expiration Date _____
License Number
Qualifying Manager (Please Print)

_____ Expiration Date _____
License Number
Qualifying Manager (Please Print)

_____ Expiration Date _____
License Number
Branch Supervisor (Please Print)

3. _____
Branch Office Registration Number

_____ City _____ Zip Code
Business Address

_____ Fax _____
Phone

_____ Expiration Date _____
License Number
Qualifying Manager (Please Print)

_____ Expiration Date _____
License Number
Qualifying Manager (Please Print)

_____ Expiration Date _____
License Number
Branch Supervisor (Please Print)

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