



County of Fresno

DEPARTMENT OF AGRICULTURE

MELISSA CREGAN

AGRICULTURAL COMMISSIONER/
SEALER OF WEIGHTS & MEASURES

STRUCTURAL BRANCH 2 & 3 REGISTRATION

\$10.00 REGISTRATION BRANCH 2 & 3

Date Submitted: _____

Year: 20_____

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 _____

SUPERVISION

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

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

REGISTRATION INFORMATION/FEE: \$10.00 (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 THE REQUIRED FEE DOES NOT ACCOMPANY IT.

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 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 _____

Business Address _____ City _____ Zip Code _____

Phone _____ Fax _____ Branch 2 Branch 3
Working In (Check One or Both)

_____ Branch 2 Branch 3
Expiration Date Check one or both

_____ Branch 2 Branch 3
Expiration Date Check one or both

_____ Branch 2 Branch 3
Expiration Date Check one or both

Qualifying Manager (Please Print) _____ License Number _____

Qualifying Manager (Please Print) _____ License Number _____

Branch Supervisor (Please Print) _____ License Number _____

2.

Branch Office Registration Number _____

Business Address _____ City _____ Zip Code _____

Phone _____ Fax _____ Branch 2 Branch 3
Working In (Check One or Both)

_____ Branch 2 Branch 3
Expiration Date Check one or both

_____ Branch 2 Branch 3
Expiration Date Check one or both

_____ Branch 2 Branch 3
Expiration Date Check one or both

Qualifying Manager (Please Print) _____ License Number _____

Qualifying Manager (Please Print) _____ License Number _____

Branch Supervisor (Please Print) _____ License Number _____

3.

Branch Office Registration Number _____

Business Address _____ City _____ Zip Code _____

Phone _____ Fax _____ Branch 2 Branch 3
Working In (Check One or Both)

_____ Branch 2 Branch 3
Expiration Date Check one or both

_____ Branch 2 Branch 3
Expiration Date Check one or both

_____ Branch 2 Branch 3
Expiration Date Check one or both

Qualifying Manager (Please Print) _____ License Number _____

Qualifying Manager (Please Print) _____ License Number _____

Branch Supervisor (Please Print) _____ License Number _____