



COUNTY OF LAKE
 Department of Agriculture
 Department of Weights & Measures
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KATHERINE VANDERWALL
 Agricultural Commissioner
 Sealer of Weights & Measures

REGISTRATION FOR BRANCH 1- STRUCTURAL FUMIGATION

Date Submitted: _____ For Year: _____

Company Name: _____ License No. _____

Mailing Address: _____
 _____ Zip: _____

Phone:() _____ Fax:() _____ Email: _____

Physical Address: _____
 _____ Zip: _____

OPR: _____ Lic No. _____ Exp: _____

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

QM: _____ Lic No. _____ Exp: _____

BS: _____ Lic No. _____ Exp: _____

REGISTRATION INFORMATION / FEES: Cash: Check:

Total Fees Submitted: _____

Make checks payable to: **County of Lake**

THIS REGISTRATION WILL NOT BE VALID IF IT IS NOT ACCOMPANIED BY THE REQUIRED FEE (if applicable).
 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).

County Use Only: Reviewed by Inspector _____	Date: _____
Receipt #: _____	Date: _____

Print Name: _____ Date: _____

Signature: _____ Title: _____

I certify that the information provided is TRUE and CORRECT

Additional Locations

List all Branch Offices performing work in Lake County

Date Submitted: _____

For Year: _____

1) Branch Office License No.: _____

Branch Address: _____

_____ Zip _____

Phone: () _____ Fax: () _____

Email: _____

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

QM: _____ Lic: _____ Exp: _____
(Print Name)

BS: _____ Lic: _____ Exp: _____
(Print Name)

2) Branch Office License No.: _____

Branch Address: _____

_____ Zip _____

Phone: () _____ Fax: () _____

Email: _____

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

QM: _____ Lic: _____ Exp: _____
(Print Name)

BS: _____ Lic: _____ Exp: _____
(Print Name)

3) Branch Office License No.: _____

Branch Address: _____

_____ Zip _____

Phone: () _____ Fax: () _____

Email: _____

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

QM: _____ Lic: _____ Exp: _____
(Print Name)

BS: _____ Lic: _____ Exp: _____
(Print Name)

4) Branch Office License No.: _____

Branch Address: _____

_____ Zip _____

Phone: () _____ Fax: () _____

Email: _____

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

QM: _____ Lic: _____ Exp: _____
(Print Name)

BS: _____ Lic: _____ Exp: _____
(Print Name)

Lake County Agricultural Commissioner

List of Structural Pest Control Operators & Field Representatives

Date: _____

Company: _____

Instructions: Use 1 sheet per location to record Operators & Field Representatives working in Lake County. Indicate the location (PR# or BR#)

	Last Name	First Name	Location PR# or BR#	License Number	Exp. Date
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					