

# Registration For Structural Pest Control Branch 2 & 3

For Registration in County of San Joaquin

## Online Registration Instruction

1. Complete Registration Form
2. Print
3. Go to "Online Payments" for Online Payment Method
4. Email the Following to [stocktonag2@sjgov.org](mailto:stocktonag2@sjgov.org):
  - Completed Registration Form
  - Copy of Company Registration Certificate issued by the Structural Pest Control Board
5. **If you are registering by mail**, mail the above with a check to: 2101 E Earhart Ave Ste. 100 Stockton CA 95206

Amendments, made after your initial registration, adding Field Representatives, Operators, and Qualifying Managers are \$10.00 for each amendment.\*

Registration Expiration Date: December 31,

## Company Performing Work in San Joaquin County

<b>Company Name</b>		<b>Company Registration No.</b> <input type="checkbox"/> PR <input type="checkbox"/> BR _____	
<b>Mailing Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Physical Address (if different from mailing address)</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Phone Number</b>	<b>Email Address</b>		
<b>Do You Have Employees?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Supervision:</b> Qualifying Manager (QM) and Branch Supervisor (BS) Responsible Person			
<b>QM: (Print Name)</b>	<b>OPR License No.</b>	<input type="checkbox"/> Branch 2 <input type="checkbox"/> Branch 3	<b>Exp.</b>
<b>BS: (Print Name)</b>	<input type="checkbox"/> FR or <input type="checkbox"/> OPR License No.	<input type="checkbox"/> Branch 2 <input type="checkbox"/> Branch 3	<b>Exp.</b>
<b>Registration Fee: \$10.00</b>			
<b>Print Name:</b>			<b>Date:</b>
<b>SIGNATURE:</b> _____ I certify that the information provided is TRUE and CORRECT.		<b>Title</b>	
<b>OFFICE USE ONLY</b>		<b>Receipt #</b>	
Registration Fee: <b>\$10.00</b> <input type="checkbox"/> Credit Card <input type="checkbox"/> Check # _____ <input type="checkbox"/> Money Order # _____			
Date Received: _____			

**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 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).\*

**Continue to Other Branch Offices**

## Other Branch Offices

List All Other **Branch Offices** Performing Work in San Joaquin County if Any

<b>Name of Business:</b>			
<b>Branch Office</b> Phone Number: _____ Email Address: _____		Company Registration No. BR _____	
Branch Mailing Address	City	State	Zip Code
Branch Physical Address (if different from Mailing Address)	City	State	Zip Code
<b>Supervision:</b> Qualifying Manager ( <b>QM</b> ) and Branch Supervisor ( <b>BS</b> ) Responsible Person			
QM: (Print Name)	OPR License No.	Exp.	<input type="checkbox"/> Branch 2 <input type="checkbox"/> Branch 3
BS: (Print Name)	<input type="checkbox"/> FR or <input type="checkbox"/> OPR No.	Exp.	<input type="checkbox"/> Branch 2 <input type="checkbox"/> Branch 3
<b>Branch Office</b> Phone Number: _____ Email Address: _____		Company Registration No. BR _____	
Branch Mailing Address	City	State	Zip Code
Branch Physical Address	City	State	Zip Code
<b>Supervision:</b> Qualifying Manager ( <b>QM</b> ) and Branch Supervisor ( <b>BS</b> ) Responsible Person			
QM: (Print Name)	OPR License No.	Exp.	<input type="checkbox"/> Branch 2 <input type="checkbox"/> Branch 3
BS: (Print Name)	<input type="checkbox"/> FR or <input type="checkbox"/> OPR No.	Exp.	<input type="checkbox"/> Branch 2 <input type="checkbox"/> Branch 3
<b>Branch Office</b> Phone Number: _____ Email Address: _____		Company Registration No. BR _____	
Branch Mailing Address	City	State	Zip Code
Branch Physical Address	City	State	Zip Code
<b>Supervision:</b> Qualifying Manager ( <b>QM</b> ) and Branch Supervisor ( <b>BS</b> ) Responsible Person			
QM: (Print Name)	OPR License No.	Exp.	<input type="checkbox"/> Branch 2 <input type="checkbox"/> Branch 3
BS: (Print Name)	<input type="checkbox"/> FR or <input type="checkbox"/> OPR No.	Exp.	<input type="checkbox"/> Branch 2 <input type="checkbox"/> Branch 3