

**RIVERSIDE COUNTY  
AGRICULTURAL COMMISSIONER'S OFFICE  
P.O. BOX 1089 RIVERSIDE, CA 92502-1089  
COUNTY AGRICULTURAL COMMISSIONER NOTIFICATION  
REGISTRATION TO PERFORM PEST CONTROL IN RIVERSIDE COUNTY  
Registration Year 2010**

**COMPANY NAME** \_\_\_\_\_ PR Registration # \_\_\_\_\_  
ADDRESS (Headquarters Mailing) \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
TELEPHONE # \_\_\_\_\_ 24 HOUR EMERGENCY # \_\_\_\_\_  
EMAIL ADDRESS \_\_\_\_\_

**QUALIFYING MANAGER/BRANCH 1 LICENSEE** \_\_\_\_\_ **Operator License #** \_\_\_\_\_  
ADDRESS \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

**LIST ALL OFFICES PERFORMING PEST CONTROL WORK IN THE COUNTY; INCLUDING THE HEADQUARTERS OFFICE.  
EACH LOCATION MUST HAVE ITS OWN BRANCH SUPERVISOR LICENSED AS AN OPERATOR OR FIELD REP.**

**1. BRANCH ADDRESS (physical)** \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
**MAILING ADDRESS** \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
TELEPHONE # \_\_\_\_\_ 24 HOUR EMERGENCY # \_\_\_\_\_  
SUPERVISOR: \_\_\_\_\_ LICENSE #: \_\_\_\_\_ PERFORMING WORK IN BRANCH  
PR / BRANCH LICENSE # \_\_\_\_\_ 1

**2. BRANCH ADDRESS (physical)** \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
**MAILING ADDRESS** \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
TELEPHONE # \_\_\_\_\_ 24 HOUR EMERGENCY # \_\_\_\_\_  
SUPERVISOR: \_\_\_\_\_ LICENSE #: \_\_\_\_\_ PERFORMING WORK IN BRANCH  
BRANCH LICENSE # \_\_\_\_\_ 1

**3. BRANCH ADDRESS (physical)** \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
**MAILING ADDRESS** \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
TELEPHONE # \_\_\_\_\_ 24 HOUR EMERGENCY # \_\_\_\_\_  
SUPERVISOR: \_\_\_\_\_ LICENSE #: \_\_\_\_\_ PERFORMING WORK IN BRANCH  
BRANCH LICENSE # \_\_\_\_\_ 1

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 15204.5(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).