

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 _____ **Operator License #** _____
ADDRESS _____
_____ **City** _____ **Zip** _____

QUALIFYING MANAGER _____ **Operator License #** _____
ADDRESS _____
_____ **City** _____ **Zip** _____

BRANCH OFFICES

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 BRANCHES**
PR / BRANCH LICENSE # _____ **2** **3**

2. BRANCH ADDRESS (physical) _____ **CITY** _____ **STATE** _____ **ZIP** _____
MAILING ADDRESS _____ **CITY** _____ **STATE** _____ **ZIP** _____
TELEPHONE # _____ **24 HOUR EMERGENCY #** _____
SUPERVISOR: _____ **LICENSE #:** _____ **PERFORMING WORK IN BRANCHES**
BRANCH LICENSE # _____ **2** **3**

3. BRANCH ADDRESS (physical) _____ **CITY** _____ **STATE** _____ **ZIP** _____
MAILING ADDRESS _____ **CITY** _____ **STATE** _____ **ZIP** _____
TELEPHONE # _____ **24 HOUR EMERGENCY #** _____
SUPERVISOR: _____ **LICENSE #:** _____ **PERFORMING WORK IN BRANCHES**
BRANCH LICENSE # _____ **2** **3**

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(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 ten dollars (\$10), whichever is less. Registrations may be amended to add or change operator qualifying manager and/or branch location(s) during the year for a fee not to exceed ten dollars (\$10).