



SOLANO COUNTY AGRICULTURAL COMMISSIONER
REGISTRATION FOR BRANCH 1 – STRUCTURAL FUMIGATION
 (Please print)

Date Submitted:	For Year:
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COMPANY INFORMATION

Company Name:	Registration No.:
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Mailing Address:

Telephone:	Fax:	Email:
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Physical Address: (if different from above)

OPR:	Lic:	Exp:
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SUPERVISION: Qualifying Manager (QM) and Branch Supervisor (BS) (Responsible Person)
 Must list both Qualifying Manager and Branch Supervisor

QM:	Lic:	Exp:
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BS:	Lic:	Exp:
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REGISTRATION INFORMATION / FEES:
 (Submit all pages with appropriate fees and signatures)

Total Fees Submitted: \$ _____	Make check payable to: Solano County Mail to: Solano County Department of Agriculture 675 Texas St., Fairfield, CA 94533
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Print Name:	Date:
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Signature:	Title:
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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 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 REPRESENTATIVE AND LOCATIONS DURING THE YEAR FOR A FEE NOT TO EXCEED TEN DOLLARS (\$10).

ADDITIONAL LOCATIONS

Date Submitted:		For Year:	
1. BRANCH OFFICE (LIST ALL) PERFORMING WORK IN: <u>SOLANO COUNTY</u>			
		Registration No.	
Mailing Address:			
Telephone:		Fax:	Email:
SUPERVISION: Qualifying Manager (QM) and Branch Supervisor (BS) (Responsible Person) Must list both Qualifying Manager and Branch Supervisor			
QM:	Lic:	Exp:	
BS:	Lic:	Exp:	
2. PERFORMING WORK IN: <u>SOLANO COUNTY</u>			
		Registration No.	
Mailing Address:			
Telephone:		Fax:	Email:
SUPERVISION: Qualifying Manager (QM) and Branch Supervisor (BS) (Responsible Person) Must list both Qualifying Manager and Branch Supervisor			
QM:	Lic:	Exp:	
BS:	Lic:	Exp:	
3. PERFORMING WORK IN: <u>SOLANO COUNTY</u>			
		Registration No.	
Mailing Address:			
Telephone:		Fax:	Email:
SUPERVISION: Qualifying Manager (QM) and Branch Supervisor (BS) (Responsible Person) Must list both Qualifying Manager and Branch Supervisor			
QM:	Lic:	Exp:	
BS:	Lic:	Exp:	

**SOLANO COUNTY AGRICULTURAL COMMISSIONER
REGISTRATION FOR BRANCH 1 – STRUCTURAL FUMIGATION**

**LIST OF STRUCTURAL
PEST CONTROL OPERATORS/FIELD REPRESENTATIVES**

Date:	Company:
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Instructions: Use (1) sheet per location to record Operators & Field Representatives working in this county. Indicate the location from Page 2; e.g., 1, 2, 3

	Last Name	First Name	Branch Location from Page 2	License No.	Exp. Date
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					