## COLUSA COUNTY DEPARTMENT OF AGRICULTURE

## STRUCTURAL PEST CONTROL COUNTY REGISTRATION FORM

DATE			YEAR:
COMPANY INFO	ORMATION: F	Performing wo	rk in Branch 2 &/or Branch 3
Company Name:		I	icense No
Mailing Address:		Т	'elephone No
Physical Address (Hdqtrs): (If different than above)			
Fax: ( )		E-	mail:
OPR:	Lic:	Exp:	Branch 2/ Branch 3
(Print Name of Operator)			
SUPERVISION: Qualify	ing Manager	(QM) and Brai	nch Supervisor (BS) (Responsible Person)
QM:	Lic:	Exp:	Branch 2/ Branch 3
(Print Name) BS:	Lic:	Exp:	Branch 2/ Branch 3
(Print Name)			
Print Name:	·		ure: Total Fees Submitted: \$
Signature:			
I certify that the info			·
requires each licensed Branch 2 and Br commissioner prior to operating a struct the time of registration. The fee shall be	ranch 3 structural tural pest control b e set by the county ver is less. Registra	pest control operato usiness in the county Board of Supervisors	REQUIRED FEE (if applicable). Food and Agricultural Code Section 15204(a) r qualifying manager and (SPCB) registered company to register with the . The registration shall cover a calendar year. A fee may also be required at , except that in no case shall the fee exceed the actual cost of processing the ed to add or change operator qualifying manager and/or branch location (s)
	A	ADDITIONAL L	OCATIONS
1) Branch Office:			
Branch address:		Regis	stration No
Telephone: ( )	Fax: (	)	Working in ☐ Branch 2 &/or ☐ Branch 3
SUPERVISION: Qual	ifying Manage	er (QM) and B	ranch Supervisor (BS) (Responsible Person)
QM:	Lic:	Exp:	Branch 2/ Branch 3
(Print Name) BS:	Lic:	Exp:	Branch 2/ Branch 3

(Print Name)