



Structural Pest Control
Branch 2 / Branch 3
2016 Registration

FEE \$10.00

www.sbcounty.gov/awm

Branch Type*: Branch 2 Branch 3 Branch 2 & 3

MAIN LOCATION

Business Name*: _____

California Structural Pest Control Board (SPCB) License Type*: _____ License #*: _____

Physical Address*: _____
(Required)

Mailing Address: _____
(if different)

Telephone #* _____ Fax # _____

E-mail address: _____

Additional Emergency Phone # _____

Owner's Name _____

Qualifying Manager

Branch 2

OPR License # _____ Exp Date _____

Qualifying Manager

Branch 3

OPR License # _____ Exp Date _____

Branch Supervisor
present at location

(if different than QM)

OPR or FR License # _____ Exp Date _____

Print Name*: _____

Date*: _____

Signature: _____

Title: _____

I certify that all information provided is TRUE and CORRECT.

Food and Agricultural Code § 15204.5(a) requires each licensed structural pest control business, operator, field representative and applicator 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).

San Bernardino County Department of Agriculture / Weights & Measures
777 East Rialto Avenue, San Bernardino, CA 92415-0720
(909) 387-2105 (800) 734-9459 Fax (909) 387-2449

If the "Submit by E-mail button fails, you can manually e-mail it to: awm@awm.sbcounty.gov

2016 Registration

ADDITIONAL BRANCH 2 & 3 LOCATIONS

(make copies of this page as needed)

BRANCH LOCATION

IF DIFFERENT THAN THE ONE LISTED ON PAGE ONE

California Structural Pest Control Board (SPCB) License #: BR _____

Physical Address: _____
(Required) _____

Telephone # _____ Fax# _____

E-mail address: _____

Additional Emergency Phone # _____

Qualifying Manager

Branch 2 _____
OPR License # _____ Exp Date _____

Qualifying Manager

Branch 3 _____
OPR License # _____ Exp Date _____

**Branch Supervisor
present at location**

(if different than QM) _____
OPR or FR License # _____ Exp Date _____

BRANCH LOCATION

California Structural Pest Control Board (SPCB) License #: BR _____

Physical Address: _____
(Required) _____

Telephone # _____ Fax# _____

E-mail address: _____

Additional Emergency Phone # _____

Qualifying Manager

Branch 2 _____
OPR License # _____ Exp Date _____

Qualifying Manager

Branch 3 _____
OPR License # _____ Exp Date _____

**Branch Supervisor
present at location**

(if different than QM) _____
OPR or FR License # _____ Exp Date _____

