

KINGS COUNTY AGRICULTURAL COMMISSIONER STRUCTURAL FUMIGATION REGISTRATION - BRANCH 1

Date Submitted: _____

For Year: _____

PRIMARY COMPANY INFORMATION:

(Complete if Primary is performing work in county)

Company Name: _____ Registration No. PR: _____

Mailing Name: _____ City: _____ Zip: _____

Physical Address: _____ City: _____ Zip: _____

(If different than mailing address)

Telephone: () _____ Fax: () _____

Email Address: _____

OPERATOR: _____ License No.: _____ Exp.: _____

(Print Name)

SUPERVISION: Qualifying Manager (QM) and Branch Supervisor (BS) Responsible Person

QM = Operator

BS = Operator or Field Representative

QM: _____ OPR Lic. No. _____ Exp: _____

(Print Name)

 FRBS: _____ **OPR** Lic. No. _____ Exp: _____

(Print Name)

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). Make check payable to: *Kings County Department of Agriculture.*

JIMMY HOOK**AG COMMISSIONER** by: _____ Date: _____

**KINGS COUNTY AGRICULTURAL COMMISSIONER
STRUCTURAL FUMIGATION REGISTRATION - BRANCH 1**

LIST ALL BRANCH LOCATIONS PERFORMING WORK IN THE COUNTY

BRANCH OFFICE:

Branch Address: _____ Registration No. BR _____

City: _____ ZIP: _____

Telephone: () _____ Fax: () _____

SUPERVISION: Qualifying Manager (QM) and Branch Supervisor (BS) Responsible Person

QM = Operator

BS = Operator or Field Representative

QM: _____ OPR Lic No. _____ Exp.: _____

(Print Name)

BS: _____ FR or OPR Lic. No.: _____ Exp.: _____

(Print Name)

BRANCH OFFICE:

Branch Address: _____ Registration No. BR _____

City: _____ ZIP: _____

Telephone: () _____ Fax: () _____

SUPERVISION: Qualifying Manager (QM) and Branch Supervisor (BS) Responsible Person

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(Print Name)

BS: _____ FR or OPR Lic. No.: _____ Exp.: _____

(Print Name)

BRANCH OFFICE:

Branch Address: _____ Registration No. BR _____

City: _____ ZIP: _____

Telephone: () _____ Fax: () _____

SUPERVISION: Qualifying Manager (QM) and Branch Supervisor (BS) Responsible Person

QM = Operator

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QM: _____ OPR Lic No. _____ Exp.: _____

(Print Name)

BS: _____ FR or OPR Lic. No.: _____ Exp.: _____

(Print Name)