OFFICE USE ONLY: AMOUNT: METHOD: QB:

KINGS COUNTY AGRICULTURAL COMMISSIONER

STRUCTURAL PEST CONTROL BUSINESS / QUALIFYING MANAGER REGISTRATION BRANCH 2 & 3

Date Submitted: _			For Year:	
	PANY INFORMATION: is performing work in county)			
Company Name:			Registration No. PR:	
Mailing Name:		City:		Zip:
				Zip:
	(If different than mailing address))	
Email Address:				
OPERATOR:	(Print Name)	License No.:	Exp.:	Branch 2 / Branch 3 (Circle)
SUPERVISION:	Qualifying Manager (QM) QM = Operator		•	rson
QM:	(Print Name)	OPR Lic No.	Exp.:	Branch 2 / Branch 3 (Circle)
BS:	(Print Name)	OPR Lic No.	Exp.:	Branch 2 / Branch 3 (Circle)
Print Name:			Date:	
Signature: I certi	fy that the information provided	is TRUE and CORRECT	Title:	
THIS REGISTRATION (If applicable) Food a operator, field represe control business in the fee shall be set by the registration or ten dol	ON WILL NOT BE VALID IF and Agricultural Code Section 1: entative, and (SPCB) registered of ecounty. The registration shall county Board of Supervisors, exclars (\$10), whichever is less. Refee not to exceed ten dollars (\$10)	IT IS NOT ACCOMPANES 15204 (a) requires: each lice company to register with the cover a calendar year. A feacept that in no case shall the gistrations may be amended.	censed Branch 2 and Branc he commissioner prior to op- te may also be required at the the fee exceed the actual co- ted to add operators, field re	h 3 structural pest control perating a structural pest ne time of registration. The st of processing the presentatives and locations
JIMMY HOOK	NIED by		Datas	

KINGS COUNTY AGRICULTURAL COMMISSIONER STRUCTURAL PEST CONTROL BUSINESS / QUALIFYING MANAGER REGISTRATION BRANCH 2 & 3

LIST ALL BRANCH LOCATIONS PERFORMING WORK IN THE COUNTY

Branch Address:		Regist	ration No. BR
City:			
Telephone: ()	Fax: Ianager (QM) and Branch Superv	()	
QM:	OPR Lic No.	Exp	Branch 2 / Branch 3
QM:	OPR Lic No.	Exp	Branch 2 / Branch 3
BS:	OPR Lic No.	Exp	Branch 2 / Branch 3
BRANCH OFFICE: Branch Address:		Regist	ration No. BR
City:	Fax: Ianager (QM) and Branch Superv		
QM:	OPR Lic No.	Exp	Branch 2 / Branch 3
QM:	OPR Lic No.	Exp	Branch 2 / Branch 3
BS:	OPR Lic No.	Exp.:	Branch 2 / Branch
BRANCH OFFICE: Branch Address:		Regist	ration No. BR
City:	ZIP:		
Telephone: () Qualifying M QM = Operator	Ianager (QM) and Branch Superv		sible Person
QM:	OPR Lic No.	Exp	Branch 2 / Branch 3
QM:	OPR Lic No.	Exp	Branch 2 / Branch 3
BS:	OPR Lic No.	Exp.:	Branch 2 / Branch