



Office of the
Agricultural Commissioner
Sealer of Weights and Measures

Carlos Ortiz
Agricultural Commissioner
Sealer of Weights and Measures

Jolene Dessert
Asst. Agricultural Commissioner
Asst. Sealer of Weights and Measures

REGISTRATION FOR
BRANCH 1 - STRUCTURAL FUMIGATION

Date Submitted: _____ For Year: **2022**

COMPANY INFORMATION:

Company Name: _____ Registration No: _____

Mailing Address: _____

_____ Zip: _____

Telephone: _____ Fax: _____ Email: _____

Physical Address (if different): _____

_____ Zip: _____

OPR (Print Name): _____ Lic: _____ Exp: _____

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

QM (Print Name): _____ Lic: _____ Exp: _____

BS (Print Name): _____ Lic: _____ Exp: _____

REGISTRAION INFORMATION / FEES:

Total Fees Submitted: **\$25.00** Make Check Payable to: **County of Imperial**

Submit all pages with appropriate fees and signatures to: Agricultural Commissioner
852 Broadway St.
El Centro, CA 92243

Print Name: _____ Date: _____

Signature: _____ Title: _____

REGISTRATION FOR BRANCH 1 – COUNTY OF IMPERIAL

ADDITIONAL LOCATIONS (list all performing work in Imperial County)

Date Submitted: _____

For Year: **2022**

1) Branch Office

Address: _____ Registration No: _____

_____ Zip: _____

Telephone: _____ Fax: _____ Email: _____

QM (Print Name): _____ Lic: _____ Exp: _____

QM (Print Name): _____ Lic: _____ Exp: _____

BS (Print Name): _____ Lic: _____ Exp: _____

2) Branch Office

Address: _____ Registration No: _____

_____ Zip: _____

Telephone: _____ Fax: _____ Email: _____

QM (Print Name): _____ Lic: _____ Exp: _____

QM (Print Name): _____ Lic: _____ Exp: _____

BS (Print Name): _____ Lic: _____ Exp: _____

3) Branch Office

Address: _____ Registration No: _____

_____ Zip: _____

Telephone: _____ Fax: _____ Email: _____

QM (Print Name): _____ Lic: _____ Exp: _____

QM (Print Name): _____ Lic: _____ Exp: _____

BS (Print Name): _____ Lic: _____ Exp: _____

REGISTRATION FOR BRANCH 1 – COUNTY OF IMPERIAL

LIST OF STRUCTURAL PEST CONTROL OPERATORS / FIELD REPRESENTATIVES

Date: _____ Company: _____

Instructions: Use one sheet per location to record Operators and Field Representatives working in this county. Indicate the branch office number from page 2 of this form.

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