



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 2 & 3

STRUCTURAL PEST CONTROL BUSINESS / QUALIFYING MANAGER

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

COMPANY INFORMATION: Branch 2 and / or Branch 3

Company Name: _____ Registration No: _____

Mailing Address: _____

_____ Zip: _____

Telephone: _____ Fax: _____ Email: _____

Physical Address (if different): _____

_____ Zip: _____

OPR (Print Name): _____ Lic: _____ Exp: _____ Br 2 Br 3

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

QM (Print Name): _____ Lic: _____ Exp: _____ Br 2 Br 3

BS (Print Name): _____ Lic: _____ Exp: _____ Br 2 Br 3

REGISTRAION INFORMATION / FEES:

Total Fees Submitted: **\$10.00** 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 2 & 3 – COUNTY OF IMPERIAL

ADDITIONAL LOCATIONS (list all performing work in Imperial County)

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

1) Branch Office Branch 2 and / or Branch 3

Address: _____ Registration No: _____

_____ Zip: _____

Telephone: _____ Fax: _____ Email: _____

QM (Print Name): _____ Lic: _____ Exp: _____ Br 2 Br 3

QM (Print Name): _____ Lic: _____ Exp: _____ Br 2 Br 3

BS (Print Name): _____ Lic: _____ Exp: _____ Br 2 Br 3

2) Branch Office Branch 2 and / or Branch 3

Address: _____ Registration No: _____

_____ Zip: _____

Telephone: _____ ax: _____ Email: _____

QM (Print Name): _____ Lic: _____ Exp: _____ Br 2 Br 3

QM (Print Name): _____ Lic: _____ Exp: _____ Br 2 Br 3

BS (Print Name): _____ Lic: _____ Exp: _____ Br 2 Br 3

3) Branch Office Branch 2 and / or Branch 3

Address: _____ Registration No: _____

_____ Zip: _____

Telephone: _____ Fax: _____ Email: _____

QM (Print Name): _____ Lic: _____ Exp: _____ Br 2 Br 3

QM (Print Name): _____ Lic: _____ Exp: _____ Br 2 Br 3

BS (Print Name): _____ Lic: _____ Exp: _____ Br 2 Br 3