



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: **2023**

**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  
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: **2023**

**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: \_\_\_\_\_

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**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: \_\_\_\_\_

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**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					
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