



Office of the Agricultural Commissioner
Sealer of Weights and Measures
852 Broadway, El Centro CA 92243

Jolene Dessert
Commissioner / Sealer

Rachel Garewal
Asst. Commissioner / Sealer

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

Date Submitted: _____ Year: **2024**

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: **\$10.00** 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: _____ Year: **2024**

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: _____