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 1 - STRUCTURAL FUMIGATION

Date Submitted: _____   Year: **2025**

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: _____

ADDITIONAL LOCATIONS (list all performing work in Imperial County)

Date Submitted: _____   Year: **2025**

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					