



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

Year: **2026**

### **COMPANY INFORMATION:**

Company Name: \_\_\_\_\_ Registration No: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Physical Address (if different): \_\_\_\_\_

\_\_\_\_\_ Zip: \_\_\_\_\_

OPR (Print Name): \_\_\_\_\_ Lic: \_\_\_\_\_ Exp: \_\_\_\_\_

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

QM (Print Name): \_\_\_\_\_ Lic: \_\_\_\_\_ Exp: \_\_\_\_\_

BS (Print Name): \_\_\_\_\_ Lic: \_\_\_\_\_ Exp: \_\_\_\_\_

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### **REGISTRATION 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

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Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

REGISTRATION FOR BRANCH 1 – **COUNTY OF IMPERIAL**

**ADDITIONAL LOCATIONS** (list all performing work in Imperial County)

Year: **2026**

**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					
6					
7					
8					
9					
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11					
12					
13					
14					
15					
16					
17					
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20					