



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: **2027**

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: _____

REGISTRATION INFORMATION / FEES:

Registration Fee: ☐ **\$25.00** Initial ☐ **\$10.00** additional location, licensees, or amendments

Submit all pages to:

County of Imperial Agricultural Commissioner, 852 Broadway, El Centro, CA 92243

Email: PUE@CO.IMPERIAL.CA.US

Print Name: _____ Date: _____

Signature: _____ Title: _____

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

ADDITIONAL LOCATIONS (list all performing work in Imperial County)

Year: **2027**

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					