

CITY AND COUNTY OF SAN FRANCISCO  
COUNTY AGRICULTURAL COMMISSIONER  
BRANCH 1 -STRUCTURAL FUMIGATION BUSINESS REGISTRATION

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Date Submitted: \_\_\_\_\_

For Year: \_\_\_\_\_

**COMPANY INFORMATION:**

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

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

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

Telephone: (    ) \_\_\_\_\_ Fax: (    ) \_\_\_\_\_ Email: \_\_\_\_\_

Physical Address: \_\_\_\_\_

(if different than above)

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

OPR: \_\_\_\_\_ Lic: \_\_\_\_\_ Exp: \_\_\_\_\_

(Print Name)

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

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

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

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**REGISTRATION INFORMATION / FEES:**

(Submit all pages with appropriate fees, and signatures)

**Total Fees Submitted:** \_\_\_\_\_ Make check payable to: San Francisco Dept of Public Health

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

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

I certify that the information provided is TRUE and CORRECT

**THIS REGISTRATION WILL NOT BE VALID IF IT IS NOT ACCOMPANIED BY THE REQUIRED FEE (if applicable).** Food and Agricultural Code section 15204.5(a) requires each licensed structural pest control operator, field representative and (SPCB) registered company to register with the commissioner prior to conducting fumigations in any county. The registration shall cover a calendar year. A fee may also be required at the time of registration. The fee shall be set by the county Board of Supervisors, except that in no case shall the fee exceed the actual cost of processing the registration or twenty-five dollars (\$25), whichever is less. Registrations may be amended to add operators, field representatives, and locations during the year for a fee not to exceed ten dollars (\$10).

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**ADDITIONAL LOCATIONS**

Date Submitted: \_\_\_\_\_ For Year: \_\_\_\_\_

**1) Branch Office (list all) performing work in: \_\_\_\_\_ County**

Branch Address: \_\_\_\_\_ Registration No. \_\_\_\_\_  
\_\_\_\_\_ Zip \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

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

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

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

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

**2) Branch Office:**

Branch Address: \_\_\_\_\_ Registration No. \_\_\_\_\_  
\_\_\_\_\_ Zip \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

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

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

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

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

**3) Branch Office:**

Branch Address: \_\_\_\_\_ Registration No. \_\_\_\_\_  
\_\_\_\_\_ Zip \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

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

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

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

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