

CITY AND COUNTY OF SAN FRANCISCO AGRICULTURAL COMMISSIONER  
STRUCTURAL PEST CONTROL BUSINESS / QUALIFYING MANAGER REGISTRATION  
BRANCH 2 & 3

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

**COMPANY INFORMATION:** Performing work in: Branch 2 &/or Branch 3

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

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

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

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

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

(if different than above)

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

OPR: \_\_\_\_\_ Lic: \_\_\_\_\_ Exp: \_\_\_\_\_ Branch 2 / Branch 3  
(Print Name)

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

QM: \_\_\_\_\_ Lic: \_\_\_\_\_ Exp: \_\_\_\_\_ Branch 2 / Branch 3  
(Print Name)

BS: \_\_\_\_\_ Lic: \_\_\_\_\_ Exp: \_\_\_\_\_ Branch 2 / Branch 3  
(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 Department 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(a) requires each licensed Branch 2 and Branch 3 structural pest control operator qualifying manager and (SPCB) registered company to register with the commissioner prior to operating a structural pest control business in the 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 ten dollars (\$10), whichever is less. Registrations may be amended to add or change operator qualifying manager and/or branch location(s) 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: ( ) \_\_\_\_\_ Working in:  Branch 2 &/or  Branch 3

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

QM: \_\_\_\_\_ Lic: \_\_\_\_\_ Exp: \_\_\_\_\_ Branch 2 / Branch 3  
(Print Name)

QM: \_\_\_\_\_ Lic: \_\_\_\_\_ Exp: \_\_\_\_\_ Branch 2 / Branch 3  
(Print Name)

BS: \_\_\_\_\_ Lic: \_\_\_\_\_ Exp: \_\_\_\_\_ Branch 2 / Branch 3  
(Print Name)

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**2) Branch Office:**

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

Telephone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ Working in:  Branch 2 &/or  Branch 3

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

QM: \_\_\_\_\_ Lic: \_\_\_\_\_ Exp: \_\_\_\_\_ Branch 2 / Branch 3  
(Print Name)

QM: \_\_\_\_\_ Lic: \_\_\_\_\_ Exp: \_\_\_\_\_ Branch 2 / Branch 3  
(Print Name)

BS: \_\_\_\_\_ Lic: \_\_\_\_\_ Exp: \_\_\_\_\_ Branch 2 / Branch 3  
(Print Name)

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**3) Branch Office:**

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

Telephone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ Working in:  Branch 2 &/or  Branch 3

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

QM: \_\_\_\_\_ Lic: \_\_\_\_\_ Exp: \_\_\_\_\_ Branch 2 / Branch 3  
(Print Name)

QM: \_\_\_\_\_ Lic: \_\_\_\_\_ Exp: \_\_\_\_\_ Branch 2 / Branch 3  
(Print Name)

BS: \_\_\_\_\_ Lic: \_\_\_\_\_ Exp: \_\_\_\_\_ Branch 2 / Branch 3  
(Print Name)