

DEPARTMENT OF AGRICULTURE/WEIGHTS & MEASURES

Andrew F. Smith
Agricultural Commissioner
Sealer of Weights & Measures



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sonomacounty.ca.gov/AWM

BRANCH 1 – STRUCTURAL FUMIGATION REGISTRATION FORM

DATE SUBMITTED: _____

FOR YEAR: _____

COMPANY INFORMATION

BUSINESS NAME: _____ REGISTRATION #: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____ EMAIL: _____

PHYSICAL ADDRESS SAME AS MAILING ADDRESS? ☐ YES ☐ NO If no, please list **PHYSICAL ADDRESS** below:

PHYSICAL ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

OPERATOR NAME (print): _____ LICENSE #: _____ EXP: _____

SUPERVISION: QUALIFYING MANAGER (QM) AND BRANCH SUPERVISOR (BS) (RESPONSIBLE PERSON):

QM NAME (print): _____ LICENSE #: _____ EXP: _____

BS NAME (print): _____ LICENSE #: _____ EXP: _____

REGISTRATION INFORMATION / FEES:

For current registration fees, please visit <http://sonomacounty.ca.gov/AWM/fees>. Submit all pages with appropriate fees and signatures. If paying by check, please make payable to Sonoma County AWM.

TOTAL FEES SUBMITTED: \$ _____

By signing below, I certify that the information provided is true and correct.

NAME (print): _____

SIGNATURE: _____ DATE: _____

Do you need a login for CalAgPermits? ☐ YES ☐ NO If YES, preferred username: _____

THIS REGISTRATION WILL NOT BE VALID IF 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 (\$25.00), 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 (\$10.00).

BRANCH 1 – STRUCTURAL FUMIGATION REGISTRATION FORM

ADDITIONAL BRANCH LOCATIONS

DATE SUBMITTED: _____

FOR YEAR: _____

List branch(es) performing work in Sonoma County:

BRANCH OFFICE LOCATION #1

BRANCH ADDRESS: _____ REGISTRATION #: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____ EMAIL: _____

SUPERVISION OF BRANCH LOCATION #1: QUALIFYING MANAGER (QM) AND BRANCH SUPERVISOR (BS) (RESPONSIBLE PERSON):

QM NAME (print): _____ LICENSE #: _____ EXP: _____

BS NAME (print): _____ LICENSE #: _____ EXP: _____

BRANCH OFFICE LOCATION #2

BRANCH ADDRESS: _____ REGISTRATION #: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____ EMAIL: _____

SUPERVISION OF BRANCH LOCATION #2: QUALIFYING MANAGER (QM) AND BRANCH SUPERVISOR (BS) (RESPONSIBLE PERSON):

QM NAME (print): _____ LICENSE #: _____ EXP: _____

BS NAME (print): _____ LICENSE #: _____ EXP: _____

BRANCH OFFICE LOCATION #3

BRANCH ADDRESS: _____ REGISTRATION #: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____ EMAIL: _____

SUPERVISION OF BRANCH LOCATION #3: QUALIFYING MANAGER (QM) AND BRANCH SUPERVISOR (BS) (RESPONSIBLE PERSON):

QM NAME (print): _____ LICENSE #: _____ EXP: _____

BS NAME (print): _____ LICENSE #: _____ EXP: _____

BRANCH 1 – STRUCTURAL FUMIGATION REGISTRATION FORM

LIST OF STRUCTURAL PEST CONTROL OPERATORS/FIELD REPRESENTATIVES

*Use one sheet per Branch Office to record Operators and Field Representatives working in Sonoma County.
Indicate the Branch Office location as listed on page 2 (e.g. 1, 2, 3).*

	LAST NAME	FIRST NAME	BRANCH OFFICE # FROM PAGE 2	LICENSE #	EXPIRATION DATE
01.					
02.					
03.					
04.					
05.					
06.					
07.					
08.					
09.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					