



STRUCTURAL PEST CONTROL
BRANCH 2 / BRANCH 3
2022 Registration

Forms may also be found online at
www.sbcounty.gov/awm

FEE \$10.00

Branch 2 Branch 3

MAIN LOCATION

Business Name:

California Structural Pest Control Board (SPCB) License #: select one PR (or) BR _____

Physical Address:

(Required)

Mailing Address:

(If different)

Telephone #

Fax #

E-mail address:

Additional Emergency Phone or Cell Phone #

Owner's Name

Qualifying Manager

Branch 2

OPR License # _____ Exp Date _____

Qualifying Manager

Branch 3

OPR License # _____ Exp Date _____

Branch Supervisor

present at location

(if different than QM)

OPR or FR License # _____ Exp Date _____

Print Name: _____

Date: _____

Signature: _____

Title: _____

I certify that all information provided above is TRUE and CORRECT.

California Food and Agricultural Code § 15204 requires that "...each licensed Branch 2 and Branch 3 structural pest control operator qualifying manager, as defined in § 8506.2 of the Business and Professions Code, and Structural Pest Control Board registered company, as defined in § 8506.1 of the Business and Professions Code, shall register with the commissioner prior to operating a structural pest control business in the county." The registration includes a fee of ten dollars (\$10.00) as set by the County Board of Supervisors.

Mail all forms with payment to:

San Bernardino County Agriculture / Weights & Measures

777 East Rialto Avenue

San Bernardino, CA 92415-0720

(909) 387-2105

(800) 734-9459

Fax (909) 387-2449

2022 Registration

ADDITIONAL BRANCH 2 & 3 LOCATIONS

(make copies of this page as needed)

BRANCH LOCATION

IF DIFFERENT THAN THE ONE LISTED ON PAGE ONE

California Structural Pest Control Board (SPCB) License #:

BR

Physical Address:

(Required)

Telephone #

Fax#

E-mail address:

Additional Emergency Phone or Cell Phone #

Qualifying Manager

Branch 2

OPR License #

Exp Date

Qualifying Manager

Branch 3

OPR License #

Exp Date

Branch Supervisor
present at location

(if different than QM)

OPR or FR License #

Exp Date

BRANCH LOCATION

California Structural Pest Control Board (SPCB) License #:

BR

Physical Address:

(Required)

Telephone #

Fax#

E-mail address:

Additional Emergency Phone or Cell Phone #

Qualifying Manager

Branch 2

OPR License #

Exp Date

Qualifying Manager

Branch 3

OPR License #

Exp Date

Branch Supervisor
present at location

(if different than QM)

OPR or FR License #

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