



STRUCTURAL PEST CONTROL BRANCH 2 / BRANCH 3

2024 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* _____

Does your business have employees? Yes No

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**

2024 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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