



# STRUCTURAL PEST CONTROL BRANCH 1

## 2025 Registration

Forms may also be found online at

[www.sbcounty.gov/awm](http://www.sbcounty.gov/awm)

**FEE \$25.00**

### 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 \_\_\_\_\_

OPR License # \_\_\_\_\_ Exp Date \_\_\_\_\_

Branch Supervisor  
present at this 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 § 15204.5(a) requires that "...any licensed Branch 1 Structural Pest Controller licensee, including structural pest control operators, field representatives, applicators, and Structural Pest Control Board (SPCB) registered companies, as defined in § 8506.1 of the Business and Professions Code, to conduct fumigations in any county unless that person or company has also registered for the current calendar year with the commissioner in that county". The registration includes a fee of twenty-five dollars (\$25.00) 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**

**2025 Registration**

**ADDITIONAL BRANCH 1 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

OPR License #

Exp Date

Branch Supervisor  
present at this 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

OPR License #

Exp Date

Branch Supervisor  
present at this location

*(if different than QM)*

OPR or FR License #

Exp Date

