



STRUCTURAL PEST CONTROL
BRANCH 2 / BRANCH 3
2025 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

# 2025 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

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### 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 #

\_\_\_\_\_  
Exp Date

