



STRUCTURAL PEST CONTROL BRANCH 1

2026 Registration

Forms may also be found online at

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**

2026 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

LIST OF ADDITIONAL BRANCH 1 PERSONNEL

[illegible]