



County Administration South
601 North Ross Street
Santa Ana, CA 92701

P.O. Box 4048
Santa Ana, CA 92702

(714) 667-8800

info@ocpw.ocgov.com

OCPublicWorks.com



STRUCTURAL PEST CONTROL BUSINESS 2021 ANNUAL REGISTRATION

State law (section 15204 and 15204.5 of the Food and Agricultural Code) requires structural pest control business intending to perform pest control work in any county, to register with the Agricultural Commissioner of that County **prior** to performing pest control.

It is a violation to perform work in Orange County without first registering with the County Agricultural Commissioner.

Business Type	Registration Fee
Branch 1	\$25
Branch 2	\$10
Branch 3	\$10
Branch 2 & 3	\$20
We accept CHECK or MONEY ORDER. Make checks/money order payable to "Orange County Treasurer."	
<i>*Effective as of July 1,</i>	

Registration Requirements:

1. Registration is required prior to operating in that County.
2. Branch 1, Structural Pest Control Business must register that business separately from its Branch 2 or Branch 3 business, listing each satellite or branch office (location) on the registration form.
3. If you are a Branch 2 and/or Branch 3 Structural Company, please fill out the form titled BRANCH 2 and/or Branch 3. List all branch offices in Orange County and the Qualifying Manager or responsible person.
4. Branch 2 and Branch 3 SPCB may register that business as one entity, listing each satellite or branch office (location) on the form.
 - If you are a Branch 1 Structural Company, please fill out the form titled BRANCH 1 – STRUCTURAL FUMIGATION. List all branch offices in Orange County and the Qualifying Manager or Branch Supervisor. On the reverse side of the registration form, list all Operators and Field Representatives that will be working in this county.

PLEASE MAKE SURE YOU SIGN THE REGISTRATION FORM. Your cleared check is proof of registration with our office. Please make a copy of your completed registration form for your record.

Please Be Advised: Due to COVID-19, Appointments must be made in advance to register in person at the Agricultural Commissioner Office. You will not be accommodated without an appointment.

To Make an Appointment, please contact Shannon Santistevan at OCAGPUE@ocpw.ocgov.com with the following information.

- **Company Name and License Number**
- **Appointment Date and Time Preferences**
- **Main Contact Information**

Please note our address: **AGRICULTURAL COMMISSIONER
222 EAST BRISTOL LANE
ORANGE, CA 92865-2714**

If you need further assistance, please contact the office at (714) 955-0100.

WEBSITE: WWW.OCAGCOMM.COM

(If you need additional information or forms, please go to the website.)

ORANGE COUNTY AGRICULTURAL COMMISSIONER
REGISTRATION FOR
BRANCH 1 – STRUCTURAL FUMIGATION
For Year: **2021**

Date Submitted: _____ Requesting New Username & Password to submit use reports online:

Email: _____

Registration fee is \$25 for Branch 1.

WE ACCEPT CHECK OR MONEY ORDER. MAKE CHECKS PAYABLE TO: ORANGE COUNTY TREASURER.

COMPANY INFORMATION:

Company Name: _____ Registration No. PR _____
(Not Branch Number)

Mailing Address: _____

City: _____ Zip: _____

Telephone: () _____ Fax: () _____

Physical Address: _____
(if different than above)

City: _____ Zip: _____

OPR: _____ License: _____ Expiration: _____
(Print Name)

SUPERVISION: Qualifying Manager – QM; Branch Supervisor – BS (Responsible Person)

QM: _____ License: _____ Expiration: _____
(Print Name)

BS: _____ License: _____ Expiration: _____
(Print Name)

Print Name: _____ Date: _____

Signature: _____ Title: _____

I certify that the information provided is TRUE and CORRECT

PAYMENT INFORMATION REQUIRED: Payment Type (Check appropriate box):

Cash (No Mailing) Check Enclosed

THIS REGISTRATION WILL NOT BE VALID IF IT IS NOT ACCOMPANIED BY THE COMPLETED REGISTRATION FORM AND REQUIRED FEE. Food and Agricultural Code section 15204.5(a) requires each licensed structural pest control operator, field representative and (SPCB) registered company to register with the commissioner prior to conducting fumigations in any county. The registration shall cover a calendar year.

*Your cleared check is proof of registration with our office.
Please make a copy of your completed registration form for your record.*

ADDITIONAL LOCATIONS

Date Submitted: _____

Year: **2021**

1) Branch Office (list all) performing work in Orange County:

Branch Address: _____ Registration No: _____

_____ Zip _____

Telephone: () _____ Fax: () _____

SUPERVISION: Qualifying Manager – QM and Branch Supervisor – BS (Responsible Person)

QM: _____ Lic: _____ Exp: _____
(Print Name)

BS: _____ Lic: _____ Exp: _____
(Print Name)

2) Branch Office:

Branch Address: _____ Registration No: _____

_____ Zip _____

Telephone: () _____ Fax: () _____

SUPERVISION: Qualifying Manager – QM and Branch Supervisor – BS (Responsible Person)

QM: _____ Lic: _____ Exp: _____
(Print Name)

BS: _____ Lic: _____ Exp: _____

PLEASE MAIL TO: **ORANGE COUNTY AGRICULTURAL COMMISSIONER**

222 EAST BRISTOL LANE

ORANGE, CALIFORNIA 92865-2714

PHONE: (714) 955-0100 FAX: (714) 921-2713

FOR ONLINE PESTICIDE USE REPORTING, GO TO: **WWW.CALAGPERMITS.ORG**

