

## BRANCH 2 & 3 STRUCTURAL PEST CONTROL BUSINESS 2026 REGISTRATION NOTICE

This letter is to inform you that the registration allowing your Structural Pest Control Business to conduct operations in Orange County will expire on December 31<sup>st</sup>, 2025. **You must register with the county Agricultural Commissioner prior to performing structural pest control activities in the 2026 calendar year. It is unlawful to perform pest control work in Orange County without first registering with the Orange County Agricultural Commissioner.**

| The Orange County Agricultural Commissioner Office<br>accepts in-person, mail-in, or online Registrations.                                          |                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|------------------|
| Business Type                                                                                                                                       | Registration Fee |
| Branch 2 and/or 3                                                                                                                                   | \$10             |
| <b>We accept CASH, CHECK, MONEY ORDER,<br/>or CREDIT CARD (online only).</b><br><b>Make check/money order payable to "Orange County Treasurer."</b> |                  |

### Registration Requirements:

1. Fill out the enclosed registration form, listing all Satellite or Branch Locations and Qualifying Manager and Branch Supervisors. Please provide an email address.
2. Submit online, mail or walk-in your completed form and \$10 registration payment to the Orange County Agricultural Commissioner's Office (**222 E. Bristol Ln., Orange, CA 92865**). Do not mail cash.
3. The registration fee is \$10.00 per PR number.

## Take Advantage of CalAgPermits.org



- ✓ Easily submit your Monthly Summary Pesticide Use Reports Online!
- ✓ Track & Store everything online. Save on postage!
- ✓ **Online Registration and Payment!**

**SIGN UP NOW! ENTER YOUR EMAIL ADDRESS ON YOUR REGISTRATION FORM!**

If you need further assistance, please contact our office at (714) 955-0100  
Pesticide Programs Email Address: [OCAGPUE@ocpw.ocgov.com](mailto:OCAGPUE@ocpw.ocgov.com)  
If you need additional information or forms, please visit: <https://ocerac.ocpublicworks.com>

## Notice of Regulatory and Sulfuryl Fluoride Labeling Changes

10/1/2025

Recent California Code of Regulation and Sulfuryl Fluoride labeling changes may impact the operations of structural pest control businesses performing work in California.

### Sulfuryl Fluoride Labeling Update

DPR approved the revised Vikane label on August 30, 2024, and the revised Zythor label on September 25, 2025. Both updated product labels, issued by Douglas Products and Ensystex, include additional protective measures and expanded requirements.

The updated **Vikane and Zythor** labels introduce new documentation requirements that go beyond the current **Standard Structural Fumigation Log (Form 43M-47, Rev. 6/2023)**. Applicators are now required to comply with both the existing regulatory standards (16 CCR §1970(a)) and the additional label requirements.

To help you, DPR has released an **Interim Structural Fume Log Supplement**. You can use this supplement alongside your Standard Log, **or** you can document the new criteria on your existing Standard Log, a contract, or an industry-created form.

**Ensure your records meet all label and regulatory criteria immediately.**

### Reminder: Changes to the Occupants Fumigation Notice and Pesticide Disclosure (OFN)—Title 16 CCR Section 1970.4

Effective **January 1, 2025**, the regulatory requirements under **16 CCR §1970.4** were updated, mandating the use of a **revised Occupant Fumigation Notice and Pesticide Disclosure Form (OFN)**, specifically **Form 43M-48, Rev. 10/2022**. This mandatory update to the OFN is designed to provide clearer, more comprehensible information, thereby improving transparency and compliance for both the pest control industry and consumers. **Please note that use of the referenced Form 43M-48, Rev. 10/2022 is now required to be in full compliance with 16 CCR §1970.4. Only this specific, current version of the OFN must be used to record the mandated data.** [The current form can be found here: https://www.pestboard.ca.gov/pestlaw/approved\\_regulations.shtml](https://www.pestboard.ca.gov/pestlaw/approved_regulations.shtml).

### The Department of Pesticide Regulation (DPR) has updated the Pesticide Safety Information Series (PSIS) leaflets—Title 3 CCR Section 6723 6726, 6739.

DPR has released the **2025 revised PSIS leaflets (N-Series)**, reflecting updates to age requirements, handler training, and hazard communication for non-agricultural pesticide use. **Please discard old versions and complete the updated version.** The revised PSIS leaflets, dated 2025, are now the official versions which may be displayed for hazard communication and used in training materials. Current leaflets are available in **English, Spanish, Punjabi, and Hmong** and can be found at <https://www.cdpr.ca.gov/worker-health-and-safety/education-series/>.

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

Pesticide Programs Email Address: [OCAGPUE@ocpw.ocgov.com](mailto:OCAGPUE@ocpw.ocgov.com)

If you need additional information or forms, please visit: <https://ocerac.ocpublicworks.com>

ORANGE COUNTY AGRICULTURAL COMMISSIONER  
STRUCTURAL PEST CONTROL BUSINESS / QUALIFYING MANAGER REGISTRATION  
BRANCH 2 and/or BRANCH 3

For Year: **2026**

THIS FORM IS NOT REQUIRED IF REGISTERING ONLINE.

Date Submitted: \_\_\_\_\_ ☐ Requesting New Username & Password to submit use reports online.

Email: \_\_\_\_\_

**COMPANY INFORMATION: Business type (check appropriate box):**

☐ Branch 2 (\$10 Fee) ☐ Branch 3 (\$10 Fee) ☐ Branch 2 & 3 (\$10 Fee)

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

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Physical Address: \_\_\_\_\_  
(If different than above)

City: \_\_\_\_\_ Zip: \_\_\_\_\_

OPR: \_\_\_\_\_ Lic: \_\_\_\_\_ Exp: \_\_\_\_\_ Branch 2 / Branch 3  
Print Name (PLEASE CIRCLE)

**SUPERVISION:** Qualifying Manager – QM

QM: \_\_\_\_\_ Lic: \_\_\_\_\_ Exp: \_\_\_\_\_ Branch 2 / Branch 3  
(Print Name) (PLEASE CIRCLE)

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

I certify that the information provided is TRUE and CORRECT

**THIS REGISTRATION WILL NOT BE VALID IF IT IS NOT ACCOMPANIED BY THE REQUIRED FEE.** Food and Agricultural Code section 15204(a) requires each licensed Branch 2 and Branch 3 structural pest control operator; qualifying manager and (SPCB) registered company to register with the commissioner prior to operating a structural pest control business in the county. The registration shall cover a calendar year.

**WE ACCEPT CASH, CHECK OR MONEY ORDER. MAKE CHECKS PAYABLE TO: ORANGE COUNTY TREASURER.**  
*Please make a copy of your completed registration form for your record.*

**OFFICE USE ONLY**

☐ WALK-IN RECEIVED \_\_\_\_\_

☐ MAILED-IN RECEIVED

CASH AMOUNT \$ \_\_\_\_\_ CHECK # \_\_\_\_\_ CHECK AMOUNT \$ \_\_\_\_\_

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## ADDITIONAL LOCATIONS

Date Submitted: \_\_\_\_\_

Year: **2026**

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

Branch Address: \_\_\_\_\_ Registration No. \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (    ) \_\_\_\_\_ Fax: (    ) \_\_\_\_\_ Working in: ☐ Branch 2 ☐ Branch 3

**Branch Email Address:** \_\_\_\_\_

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

|                           |            |            |                                        |
|---------------------------|------------|------------|----------------------------------------|
| QM: _____<br>(Print Name) | Lic: _____ | Exp: _____ | Branch 2 / Branch 3<br>(PLEASE CIRCLE) |
| BS: _____<br>(Print Name) | Lic: _____ | Exp: _____ | Branch 2 / Branch 3<br>(PLEASE CIRCLE) |

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**2) Branch Office:**

Branch Address: \_\_\_\_\_ Registration No. \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (    ) \_\_\_\_\_ Fax: (    ) \_\_\_\_\_ Working in: ☐ Branch 2 ☐ Branch 3

**Branch Email Address:** \_\_\_\_\_

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

|                           |            |            |                                        |
|---------------------------|------------|------------|----------------------------------------|
| QM: _____<br>(Print Name) | Lic: _____ | Exp: _____ | Branch 2 / Branch 3<br>(PLEASE CIRCLE) |
| BS: _____<br>(Print Name) | Lic: _____ | Exp: _____ | Branch 2 / Branch 3<br>(PLEASE CIRCLE) |

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**PLEASE MAIL-IN OR WALK-IN THE COMPLETED FORM AND THE APPROPRIATE REGISTRATION FEE TO:**

**AGRICULTURAL COMMISSIONER OFFICE  
222 EAST BRISTOL LANE  
ORANGE, CALIFORNIA 92865-2714**