

LIST OF STRUCTURAL PEST CONTROL OPERATORS / FIELD REPRESENTATIVES

COMPANY NAME

Date

INSTRUCTIONS: Use 1 sheet / location to record Operators and Field Representatives working in this county.
 Indicate the location from page 2; eg- 1 / 2 / 3

	Last Name	First Name	Office Number Page 2	License Number	Expiration Date
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

STRUCTURAL REGISTRATION NO

R					
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Must be filled out if listing Branches

BRANCH OFFICES -List all BRANCH Offices performing work in San Diego Co. PERFORMING WORK IN: Branch 1 **1**

MAILING ADDRESS	BRANCH REGISTRATION NO B R	BUSINESS TELEPHONE NUMBER
CITY	STATE ZIP CODE	FAX NUMBER

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

QM NAME	QM LICENSE NO	EXPIRATION DATE
BS NAME	BS LICENSE NO	EXPIRATION DATE

PERFORMING WORK IN: Branch 1 **2**

MAILING ADDRESS	BRANCH REGISTRATION NO B R	BUSINESS TELEPHONE NUMBER
CITY	STATE ZIP CODE	FAX NUMBER

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

QM NAME	QM LICENSE NO	EXPIRATION DATE
BS NAME	BS LICENSE NO	EXPIRATION DATE

PERFORMING WORK IN: Branch 1 **3**

MAILING ADDRESS	BRANCH REGISTRATION NO B R	BUSINESS TELEPHONE NUMBER
CITY	STATE ZIP CODE	FAX NUMBER

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

QM NAME	QM LICENSE NO	EXPIRATION DATE
BS NAME	BS LICENSE NO	EXPIRATION DATE

WHERE DO YOU PURCHASE YOUR PESTICIDES?

Other counties you perform work in
 ORANGE SAN BERNARDINO IMPERIAL RIVERSIDE LOS ANGELES VENTURA OTHER _____

Do you apply Rodenticides? YES NO Do you perform gopher control? YES NO

Is your company licensed as an Agricultural Pest Control Business also? YES NO BUSINESS LICENSE NUMBER _____ - _____

I certify that the location information above is TRUE and CORRECT

SIGNATURE _____ TITLE _____ DATE _____

*Please Submit BOTH pages with appropriate NOTIFICATION FEES and signature