



## DEPARTMENT OF AGRICULTURE AND MEASUREMENT STANDARDS

**RUBEN J. ARROYO**  
Agricultural Commissioner  
Sealer of Weights and Measures

1001 South Mount Vernon Avenue · Bakersfield, California 93307  
Telephone 661-868-6300 · Fax 661-868-6301 · [agcomm@co.kern.ca.us](mailto:agcomm@co.kern.ca.us)

### Instructions for Structural Pest Control Operators Annual Registration

#### Structural Pest Control Operators Branch 1, 2, or 3.

To perform work in Kern County you **must** first register with the Department of Agriculture and Measurement Standards. All registrations expire on December 31 of the current year. Hours for registration will be Monday through Friday, 8:15 a.m. to 11:30 a.m. and 1:15 p.m. to 4:30 p.m. We are sorry, but no one will be available between 12:00 noon and 1:00 p.m. to complete your registration. No appointment is necessary.

To complete this process you are required to have the following items:

**Structural Pest Control Operators - Branch 1** - a responsible person must register in person

- Valid Picture ID
- Current Structural Pest Control Board Company Registration for the calendar year of registration
- Current Operator License for the calendar year of registration
- Fee is \$10.00- All fees can be paid with cash, check or money order - we are sorry, but **WE ARE NOT ABLE TO ACCEPT CREDIT/DEBIT CARDS.**

**Structural Pest Control Operators - Branch 2 &/or 3**

- Valid Picture ID
- Current Structural Pest Control Board Company Registration for the calendar year of registration
- Current Operator License for the calendar year of registration
- Fee is \$10.00- All fees can be paid with cash, check or money order - we are sorry, but **WE ARE NOT ABLE TO ACCEPT CREDIT/DEBIT CARDS.**

When acceptable to register by mail you must in addition to the above items submit a completed Structural Pest Control Business/Qualifying Manager Registration form

If you have any questions, please contact our office at 661-868-6300.

REGISTRATION FOR  
BRANCH 1 – STRUCTURAL FUMIGATION

Date Submitted: \_\_\_\_\_ For Year: \_\_\_\_\_

COMPANY INFORMATION:

Company Name: \_\_\_\_\_ Registration No. \_\_\_\_\_

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

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

Telephone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

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

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

OPR: \_\_\_\_\_ License: \_\_\_\_\_ Exp: \_\_\_\_\_  
(Print Name)

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

QM: \_\_\_\_\_ License: \_\_\_\_\_ Exp: \_\_\_\_\_  
(Print Name)

BS: \_\_\_\_\_ License: \_\_\_\_\_ Exp: \_\_\_\_\_  
(Print Name)

REGISTRATION INFORMATION / FEES:

(Submit all pages with appropriate fees, and signatures)

Total Fees Submitted: \$ 10.00 Make check payable to: **Kern County Dept. of Agriculture**

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

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

I certify that the information provided is TRUE and CORRECT

\_\_\_\_\_  
Agricultural Commissioner

\_\_\_\_\_  
Date Registered

**THIS REGISTRATION WILL NOT BE VALID IF IT IS NOT ACCOMPANIED BY THE REQUIRED FEE**

(if applicable) 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. A fee may also be required at the time of registration. The fee shall be set by the county Board of Supervisors, except that in no case shall the fee exceed the actual cost of processing the registration or twenty-five dollars (\$25), whichever is less. Registrations may be amended to add operators, field representatives and locations during the year for a fee not to exceed ten dollars (\$10).

REGISTRATION FOR  
BRANCH 1 – STRUCTURAL FUMIGATION

ADDITIONAL BRANCH LOCATIONS

Date Submitted: \_\_\_\_\_ For Year: \_\_\_\_\_

1) BRANCH OFFICE (list all) performing work in the County:

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

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

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

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

QM: \_\_\_\_\_ License: \_\_\_\_\_ Exp: \_\_\_\_\_  
(Print Name)

BS: \_\_\_\_\_ License: \_\_\_\_\_ Exp: \_\_\_\_\_  
(Print Name)

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2) BRANCH OFFICE:

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

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

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

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

QM: \_\_\_\_\_ License: \_\_\_\_\_ Exp: \_\_\_\_\_  
(Print Name)

BS: \_\_\_\_\_ License: \_\_\_\_\_ Exp: \_\_\_\_\_  
(Print Name)

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3) BRANCH OFFICE:

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

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

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

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

QM: \_\_\_\_\_ License: \_\_\_\_\_ Exp: \_\_\_\_\_  
(Print Name)

BS: \_\_\_\_\_ License: \_\_\_\_\_ Exp: \_\_\_\_\_  
(Print Name)

REGISTRATION FOR  
BRANCH 1 – STRUCTURAL FUMIGATION

**LIST OF STRUCTURAL PEST CONTROL OPERATORS /  
FIELD REPRESENTATIVES**

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

Company: \_\_\_\_\_

Instructions: Record Operators & Field Representatives working in this county.  
Indicate the location from page 2; e.g. 1, 2, 3

	Last Name	First Name	Branch Location from page 2	License Number	Exp. Date
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

KERN COUNTY AGRICULTURAL COMMISSIONER  
STRUCTURAL PEST CONTROL BUSINESS / QUALIFYING MANAGER REGISTRATION  
BRANCH 2 & 3

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Date Submitted: \_\_\_\_\_ For Year: \_\_\_\_\_

**COMPANY INFORMATION:** Performing work in:  Branch 2 &/or  Branch 3  
Company Name: \_\_\_\_\_ Registration No. \_\_\_\_\_

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

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

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

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

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

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

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

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

BS: \_\_\_\_\_ Lic: \_\_\_\_\_ Exp: \_\_\_\_\_  Branch 2 /  Branch 3  
(Print Name)

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**REGISTRATION INFORMATION / FEES:**

(Submit all pages with appropriate fees, and signatures)

**Total Fees Submitted:** \$10.00 Make check payable to: **Kern County Dept. of Agriculture**

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

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

I certify that the information provided is TRUE and CORRECT

\_\_\_\_\_  
Agricultural Commissioner

\_\_\_\_\_  
Date Registered

**THIS REGISTRATION WILL NOT BE VALID IF IT IS NOT ACCOMPANIED BY THE REQUIRED FEE (if applicable).** 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. A fee may also be required at the time of registration. The fee shall be set by the county Board of Supervisors, except that in no case shall the fee exceed the actual cost of processing the registration or ten dollars (\$10), whichever is less. Registrations may be amended to add or change operator qualifying manager and/or branch location(s) during the year for a fee not to exceed ten dollars (\$10).

KERN COUNTY AGRICULTURAL COMMISSIONER  
STRUCTURAL PEST CONTROL BUSINESS / QUALIFYING MANAGER REGISTRATION  
BRANCH 2 & 3

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**ADDITIONAL LOCATIONS**

Date Submitted: \_\_\_\_\_ For Year: \_\_\_\_\_

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

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

Telephone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ Working in:  Branch 2 &/or  Branch 3

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

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

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

BS: \_\_\_\_\_ Lic: \_\_\_\_\_ Exp: \_\_\_\_\_  Branch 2 /  Branch 3  
(Print Name)

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**2) Branch Office:**

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

Telephone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ Working in:  Branch 2 &/or  Branch 3

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

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

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

BS: \_\_\_\_\_ Lic: \_\_\_\_\_ Exp: \_\_\_\_\_  Branch 2 /  Branch 3  
(Print Name)

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**3) Branch Office:**

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

Telephone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ Working in:  Branch 2 &/or  Branch 3

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

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

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

BS: \_\_\_\_\_ Lic: \_\_\_\_\_ Exp: \_\_\_\_\_  Branch 2 /  Branch 3  
(Print Name)