



**COUNTY OF SAN DIEGO**  
 DEPARTMENT OF AGRICULTURE,  
 WEIGHTS & MEASURES  
**PESTICIDE REGULATION PROGRAM**

9325 Hazard Way, Ste. 100  
 San Diego, CA 92123  
 Phone: (858) 694-8980  
 Fax: (858) 467-9277

Website: <http://www.sdawm.org>  
 E-mail: [prp.awm@sdcounty.ca.gov](mailto:prp.awm@sdcounty.ca.gov)

**BRANCH 2 & 3 STRUCTURAL REGISTRATION**

**2025** (expires: 12/31/2025)

**\*THIS FORM MUST BE ACCOMPANIED BY \$10.00 FEE\***

Check here if contact information has changed. Please indicate changes on reverse side.

COMPANY NAME			STRUCTURAL REGISTRATION # (Must Start with PR or BR)		
MAILING ADDRESS			BUSINESS TELEPHONE NUMBER		
CITY	STATE	ZIP CODE	FAX NUMBER		
STRUCTURAL COMPANY'S E-MAIL ADDRESS			E-MAIL ADDRESS FOR INSPECTIONS (If different)		
HEADQUARTER ADDRESS (If different)					
CITY			STATE	ZIP CODE	

**THIS NOTIFICATION WILL BE INVALID IF IT IS NOT ACCOMPANIED BY THE REQUIRED FEE**  
**AMOUNT ENCLOSED \$ \_\_\_\_\_ (Make check payable to: County of San Diego)**

**In case of emergency, our 24 hour EMERGENCY PHONE NUMBER is: \_\_\_\_\_**

BRANCH 2 OPERATOR NAME	BRANCH 2 OPERATOR # O P R _____	EXPIRATION DATE
BRANCH 3 OPERATOR NAME	BRANCH 3 OPERATOR # O P R _____	EXPIRATION DATE

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

QM NAME	QM LICENSE # _____	EXPIRATION DATE
BS NAME	BS LICENSE # _____	EXPIRATION DATE

How would you like your form returned to you? Mail  E-mail  Fax

\_\_\_\_\_  
 APPLICANT SIGNATURE

\_\_\_\_\_  
 DATE

\_\_\_\_\_  
 AUTHORIZED REPRESENTATIVE'S SIGNATURE FOR  
 HA DANG, AGRICULTURAL COMMISSIONER

\_\_\_\_\_  
 REGISTRATION DATE

**Public Disclosure**

We strive to protect personally identifiable information by collecting only information necessary to deliver our services. All information that may be collected at this site becomes public record that may be subject to inspection and copying by the public, unless an exemption in law exists. In the event of a conflict between this Privacy Notice and any County ordinance or other law governing the County's disclosure of records, the County ordinance or other applicable law will control.

**Access and Correction of Personal Information**

You can review any personal information we collect about you. You may recommend changes to your personal information you believe is in error by submitting a written request that credibly shows the error. If you believe that your personal information is being used for a purpose other than what was intended when submitted, you may contact us. In all cases, we will take reasonable steps to verify your identity before granting access or making corrections. See Contact Information section.

**2025**

STRUCTURAL REGISTRATION NO

R					
---	--	--	--	--	--

Must be filled out if listing Branches

**BRANCH OFFICES -List all BRANCH Offices performing work in San Diego Co.**      PERFORMING WORK IN: Branch 2  Branch 3  **1**

<b>MAILING ADDRESS</b>	<b>BRANCH REGISTRATION NO</b> B R <input type="text"/>	<b>BUSINESS TELEPHONE NUMBER</b>
<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>
		<b>FAX NUMBER</b>

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

<b>QM NAME</b>	<b>QM LICENSE NO</b> <input type="text"/>	<b>EXPIRATION DATE</b>
<b>BS NAME</b>	<b>BS LICENSE NO</b> <input type="text"/>	<b>EXPIRATION DATE</b>

PERFORMING WORK IN: Branch 2  Branch 3  **2**

<b>MAILING ADDRESS</b>	<b>BRANCH REGISTRATION NO</b> B R <input type="text"/>	<b>BUSINESS TELEPHONE NUMBER</b>
<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>
		<b>FAX NUMBER</b>

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

<b>QM NAME</b>	<b>QM LICENSE NO</b> <input type="text"/>	<b>EXPIRATION DATE</b>
<b>BS NAME</b>	<b>BS LICENSE NO</b> <input type="text"/>	<b>EXPIRATION DATE</b>

PERFORMING WORK IN: Branch 2  Branch 3  **3**

<b>MAILING ADDRESS</b>	<b>BRANCH REGISTRATION NO</b> B R <input type="text"/>	<b>BUSINESS TELEPHONE NUMBER</b>
<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>
		<b>FAX NUMBER</b>

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

<b>QM NAME</b>	<b>QM LICENSE NO</b> <input type="text"/>	<b>EXPIRATION DATE</b>
<b>BS NAME</b>	<b>BS LICENSE NO</b> <input type="text"/>	<b>EXPIRATION DATE</b>

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

BUSINESS LICENSE NUMBER

Is your company licensed as an Agricultural Pest Control Business also?     YES     NO   

**I certify that the location information above is TRUE and CORRECT**

SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

\*Please Submit BOTH pages with appropriate NOTIFICATION FEES and signature