



## STRUCTURAL PEST CONTROL BUSINESS 2020 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             |
| <b>We accept CHECK or MONEY ORDER.</b><br><b>Make checks/money order payable to "Orange County Treasurer."</b><br><small><i>*Effective as of July 1, 2015*</i></small> |                  |

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.

You must either register by mail or in-person:

- 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.

Return registration form and payment to: **ORANGE COUNTY AGRICULTURAL COMMISSIONER**  
 222 EAST BRISTOL LANE  
 ORANGE, CA 92865-2714

Please make checks payable to: **ORANGE COUNTY TREASURER**  
*Your cleared check is proof of registration with our office. Please make a copy of your completed registration form for your record.*

[Would You Like to Pay Online?](#)

***\*Mail in Your Registration Form First!\****

**Please Provide the Following Information**

1. **Completed Registration Form.**
2. **Completed Payment Section**
3. **Best Email Address**

See myOCeServices Registration Information Sheet for Complete Instructions  
 If you need further assistance, please contact the office at (714) 955-0100.

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

For Year: **2020**

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

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

**COMPANY INFORMATION: Performing work in (Check appropriate box):**

**Branch 2 (\$10 Fee)**     **Branch 3 (\$10 Fee)**     **Branch 2 & 3 (\$20 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; Branch Supervisor – BS (Responsible Person)**

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

BS: \_\_\_\_\_ 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

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

**Cash (No Mailing In)**     **Check Enclosed**     **Request to Pay Online (See Handout)**

**THIS REGISTRATION WILL NOT BE VALID IF IT IS NOT ACCOMPANIED BY THE REQUIRED FEE.** The registration shall cover a calendar year. 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.

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

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ADDITIONAL LOCATIONS

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

Year: **2020**

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

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

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

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

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

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

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

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

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**2) Branch Office:**

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

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

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

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

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

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

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

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PLEASE MAIL TO:

AGRICULTURAL COMMISSIONER  
222 EAST BRISTOL LANE  
ORANGE, CALIFORNIA 92865-2714  
PHONE: (714) 955-0100 FAX: (714) 921-2713  
WEBSITE: [WWW.OCAGCOMM.COM](http://WWW.OCAGCOMM.COM)

FOR ONLINE PESTICIDE USE REPORTING, GO TO: [WWW.CALAGPERMITS.ORG](http://WWW.CALAGPERMITS.ORG)



# HOW TO CREATE YOUR myOCeServices PROFILE

**STEP 1** Go to [myOCeServices.ocgov.com](http://myOCeServices.ocgov.com).



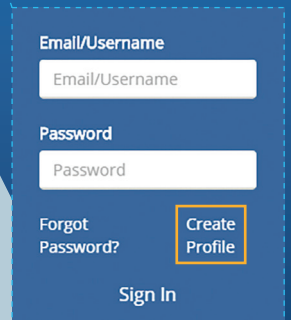
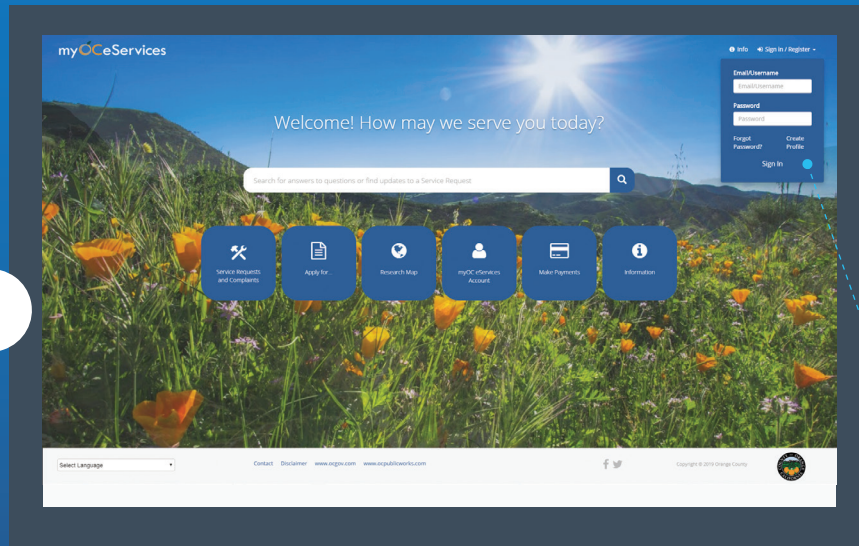
**STEP 2**



Select Create Profile and complete your myOCeServices account using the same email you used in the enclosed registration form.

**STEP 3**  
**REGISTER**

Provide your responsible person first and last name, email address and choose a password.



## FINAL STEPS

✓ After you have created your myOCeservices account, mail in your completed **2020 Registration Form** to:

OC Agricultural Commissioner  
222 East Bristol Lane  
Orange, CA 92865

✓ Once we have received your email, we will contact you to complete the payment process. Please be patient with this new process so we can better assist you.

(714) 955-0100  
 [ocacwm@ocpw.ocgov.com](mailto:ocacwm@ocpw.ocgov.com)

✓ Email the following information to [OCACWM@ocpw.ocgov.com](mailto:OCACWM@ocpw.ocgov.com).

1. Your Business Name
2. Your Principle Registration Number (PR#)
3. The email used to create your account



**Thank you for using myOCeServices!**