

Appendices

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(This page intentionally left blank to facilitate double-sided printing.)

Appendix A – County Registration Templates

Introduction

CACs can use the following “reproduction template” in conjunction with the appropriate DPR form to register Advisors, Businesses and Pilots. CACs can also develop their own form provided it captures all the required information. The *Application for Pest Control Equipment Registration* (DPR-ENF-058) follows the template.

After that are the registration forms for Structural Branch 1 and Branch 2/3 businesses. These forms may be used or reformatted to meet your county needs.

Continued on next page

REPRODUCTION TEMPLATE

County Registration Form copy Here
(e.g., DPR-PML-009, DPR-PML-059, etc.)

Card copy here	OTHER INFORMATION AS NEEDED
	Licensee Information: Emergency Contact Phone No.: Employer: Street Address City ZIP Code Telephone Valid Medical Certificate? (For pilots only) <input type="checkbox"/> Yes <input type="checkbox"/> No

**APPLICATION FOR PEST CONTROL
EQUIPMENT REGISTRATION**

DPR-ENF-058 (REV.4/95)

_____ COUNTY

FOR CALENDAR YEAR ENDING DECEMBER 31, _____

NAME - (UNDER WHICH APPLICANT IS ENGAGED IN BUSINESS)

LIST BELOW ALL EQUIPMENT TO BE USED IN THIS COUNTY. INDICATE APPLICABLE TYPE OF EQUIPMENT: FOR AIRCRAFT, SHOW FIXED WING OR HELICOPTER. FOR GROUND, SHOW SPEED SPRAYER, POWER DUSTER, HAND GUN, ETC.

MANUFACTURER	AIR	GROUND	EQUIPMENT TYPE	VEHICLE LIC. OR AIRCRAFT NO.	OTHER I.D.
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

I HEREBY CERTIFY THAT MY GROUND EQUIPMENT IS PROPERLY MARKED AND THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT.

SIGNATURE _____ DATE _____

_____ COUNTY AGRICULTURAL COMMISSIONER
REGISTRATION FOR
BRANCH 1 - STRUCTURAL FUMIGATION

Date Submitted: _____ For Year: _____

COMPANY INFORMATION:

Company Name: _____ Registration No. _____

Mailing Address: _____
_____ Zip: _____

Telephone: () _____ Fax: () _____ E-mail: _____

Physical Address: _____
(if different than above)
_____ Zip: _____

OPR: _____ License: _____ Exp: _____
(Print Name of Operator)

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: \$ _____ Make check payable to: _____

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 (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).

_____ COUNTY AGRICULTURAL COMMISSIONER
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. _____
_____ Zip: _____

Telephone: () _____ Fax () _____

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

QM: _____ License: _____ Exp: _____
(Print Name)

BS: _____ License: _____ Exp: _____
(Print Name)

2) BRANCH OFFICE:

Branch Address: _____ Registration No. _____
_____ Zip: _____

Telephone: () _____ Fax () _____

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

QM: _____ License: _____ Exp: _____
(Print Name)

BS: _____ License: _____ Exp: _____
(Print Name)

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

Branch Address: _____ Registration No. _____
_____ Zip: _____

Telephone: () _____ Fax () _____

SUPERVISION: Qualifying Manager (QM) and Branch Supervisor (BS) (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: Use 1 sheet per location to 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					

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

Date Submitted: _____ For Year: _____

COMPANY INFORMATION: Performing work in: Branch 2 &/or Branch 3

Company Name: _____ Registration No. _____

Mailing Address: _____

_____ Zip: _____

Telephone: () _____ Fax: () _____ E-mail: _____

Physical Address: _____
(if different than above)

_____ Zip: _____

OPR: _____ Lic: _____ Exp: _____ Branch 2 / Branch 3
(Print Name of Operator)

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

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

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

REGISTRATION INFORMATION / FEES:

(Submit all pages with appropriate fees, and signatures)

Total Fees Submitted: \$ _____ Make check payable to: _____

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

(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).

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

ADDITIONAL LOCATIONS

Date Submitted: _____ For Year: _____

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

Branch Address: _____ Registration No. _____

_____ Zip: _____

Telephone: () _____ Fax () _____ Working in: Branch 2 / Branch 3

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

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)

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

Branch Address: _____ Registration No. _____

_____ Zip: _____

Telephone: () _____ Fax () _____ Working in: Branch 2 / Branch 3

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

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)

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

Branch Address: _____ Registration No. _____

_____ Zip: _____

Telephone: () _____ Fax () _____ Working in: Branch 2 / Branch 3

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

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)