



# ARIZONA DEPARTMENT OF AGRICULTURE

## PEST MANAGEMENT DIVISION

Physical: 1010 West Washington Street, Phoenix, Arizona 85007  
Mailing: 1802 West Jackson Street, No. 78, Phoenix, Arizona 85007  
(602) 542-3578 FAX (602) 542-0466

<https://agriculture.az.gov/https://opm.azda.gov>

### **Branch Office Registration**

(Please print clearly or type)

#### Fee Schedule

- Branch Office Registration & Branch Supervisor Registration: \$45.00 (includes \$10.00 Handling Fee)
- Change Branch Supervisor: \$25.00 (includes \$10.00 Handling Fee)
- Remove Branch Office: \$10.00 (includes \$10.00 Handling Fee)
- Remove Branch Supervisor: No Fee Required

#### **Business Information:**

Business Name: \_\_\_\_\_ Business License #: \_\_\_\_\_

#### **Branch Office Location:**

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Chemical Storage Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Branch Supervisor:** \_\_\_\_\_ **Applicator #:** \_\_\_\_\_

#### **BRANCH OFFICE CATEGORIES OF OPERATION -- Please designate appropriate category(s):**

<input type="checkbox"/> Industrial & Institutional (1)	<input type="checkbox"/> Ornamental & Turf (3)	<input type="checkbox"/> Fumigation (6)
<input type="checkbox"/> Wood-Destroying Organism Inspection and Treatment (2A)	<input type="checkbox"/> Right-of-Way (4)	<input type="checkbox"/> Wood Preservation (7)
<input type="checkbox"/> Wood-Destroying Insect Inspection (2B)	<input type="checkbox"/> Aquatic (5)	

Branch Offices must conform to the standards set in Arizona Revised Statutes 3-3617 and Arizona Administrative Code R4-29-206. Applicable fees must accompany this application.

**By signing this application, I affirm that I have read and understand the information contained herein and attest that all information provided is true and correct.**

**\*Authorized Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(\*Authorized Signature – Sole Proprietor, Managing Partner/ member, or Corporate Officer only)

#### ADA STAFF USE ONLY

Name:	Date Received:	POS #
-------	----------------	-------