



Arizona Department of Agriculture  
 Central Licensing - Pest Management Division  
 Physical Location: 1010 W Washington St., Phoenix, AZ 85007  
 Mailing Address: 1802 W Jackson St., #78 Phoenix, AZ 85007  
 Phone: (602) 542-3578 Fax: (602) 542-0466  
 Website: <https://opm.azda.gov/> | Email: [licensing@azda.gov](mailto:licensing@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, & Structural Pest Control	<input type="checkbox"/> Ornamental & Turf Pest Control	<input type="checkbox"/> Wood-Destroying Organism Inspection & Treatment
<input type="checkbox"/> Public Health Pest Control (*Government Only)	<input type="checkbox"/> Right-of-Way Pest Control	<input type="checkbox"/> Wood-Destroying Insect Inspection ( <i>only</i> )
<input type="checkbox"/> Aquatic Pest Control	<input type="checkbox"/> Non-Soil Fumigation	<input type="checkbox"/> Wood Preservation

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 #
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