



REQUEST FOR APPROVAL OF REGISTERED COMPANY

Any name under which you desire to do business, including your name, must be approved by the Structural Pest Control Board in compliance with section 1914 of the Rules and Regulations.

Name of Qualifying Manager: (First) (Middle) (Last)			License No.																
Name(s) of Person(s) Forming Company: (First) (Middle) (Last)																			
Mailing Address: (City) (State) (Zip)		Telephone Number: ()																	
		Email Address:																	
Registered company will operate as a: Sole Owner Partnership Corporation (The Board does not recognize LLCs)																			
Check which branch or branches you are going to do business in: Branch 1 – Fumigation Branch 2 – General Pest Branch 3 – Termite																			
Request is for a: New Business Change of current company name Change of current company business structure* Registration Number PR # _____ Registration Number PR # _____																			
List the proposed business names you wish to have considered in the order of preference. Three choices MUST be provided; however, to eliminate delay in approval, six choices are preferable.																			
1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">FOR OFFICE USE ONLY</th> </tr> <tr> <th style="width: 50%;">Approved</th> <th style="width: 50%;">Disapproved</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>		FOR OFFICE USE ONLY		Approved	Disapproved												
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Approved	Disapproved																		
If your first choice is approved, additional names will not be considered. You will be notified by email of the name style that has been reserved for your company. Any changes must be approved by the Board.																			
Certification: If type of license is <u>individual</u> , the owner must sign. If type of license is a <u>partnership</u> , all partners must sign. If type of license is a <u>corporation</u> , a responsible corporate officer must sign.																			
<p style="color: red;">Each Qualifying Manager must sign this application.</p> <p><u>I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.</u></p>																			
Signature _____		Title _____ Date _____																	
Signature _____		Title _____ Date _____																	
Signature _____		Title _____ Date _____																	
Signature _____		Title _____ Date _____																	

43-L-6

NAME APPROVAL IS RESERVED FOR 60 DAYS

Section 1914 -- Name Style -- Company Registration

No company registration certificate shall be issued in a fictitious name which the board determines is likely to be confused with that of a governmental agency or trade association. No company registration shall be issued in the same name of a firm whose company registration has been suspended or revoked unless a period of at least one year has elapsed from the effective date of the suspension or revocation. It shall be grounds for disciplinary action for a registered company to use the telephone number and/or name style of a firm whose company registration has been suspended or revoked, without the prior written approval of the board.

*You must notify SPCB of any planned changes in business structure (such as converting from a Sole Proprietorship to a Corporation or Partnership) by completing this form. Once we receive your notification, we will provide instructions on how to begin the re-registration process.