

STATE OF CALIFORNIA
OPERATORS CERTIFICATE OF TRAINING/EXPERIENCE

43E-3 (REV. 10/11)
 Page 1

DEPARTMENT OF PESTICIDE REGULATION
 STRUCTURAL PEST CONTROL BOARD
 LICENSING UNIT
 2005 EVERGREEN STREET, SUITE 1500
 SACRAMENTO, CALIFORNIA 95815
 (916) 561-8704
 FAX - (916) 263-2469
 www.pestboard.ca.gov

CERTIFICATE OF TRAINING/EXPERIENCE FOR OPERATORS APPLICATION

In accordance with Section 8562 of the Structural Pest Control Act, an applicant for the Operator's Examination must submit proof satisfactory to the Board that he/she has had experience for a period of not less than the time specified opposite the branches listed below in the employ of a registered company in the State of California in the particular branch or branches of pest control for which the applicant desires to be licensed, or the equivalent of such experience.

- Branch 1 2 Years (1 year as a Field Representative Branch 1 required)**
Branch 2 2 Years (1 year as a Field Representative Branch 2 required)
Branch 3 4 Years (2 years as a Field Representative Branch 3 required)

Experience must be actual experience in the field and must be certified on this form. This form must be filled out and signed by the qualifying manager on behalf of the applicant.

Full Name of Applicant: (First) _____ (Middle) _____ (Last) _____	
Full Time Employment: From _____ to _____ mo day year mo day year Total hours worked _____	Part Time Employment: From _____ to _____ mo day year mo day year Total hours worked _____
Duties: (job titles are unacceptable; duties must be detailed and specific)	
A separate Certificate of Experience must be filled out for each branch.	
I certify under penalty of perjury under the laws of the State of California that the above named applicant has been employed for the period indicated above and in the course of such employment has obtained experience as stated above.	
Company Name: _____	
Address of Principal Office: _____	Telephone Number: Area Code () _____
Signature of Qualifying Manager: _____	Date Signed: _____
Name of Qualifying Manager: _____	Operator License No.: _____