

**APPLICATION FOR
 STRUCTURAL PEST CONTROL
 FIELD REPRESENTATIVE RE-EXAMINATION
 FEE \$10 PER BRANCH**

(Remit by money order, cashier's, personal or certified
 check payable to the Structural Pest Control Board.)

FOR BOARD USE ONLY	
ATS No.	_____
Cashiering No.	_____
Results	_____

INSTRUCTIONS:

Complete this application for re-examination and submit the \$10 re-examination fee per branch to the Structural Pest Control Board.

Name of Applicant (First) _____ (Middle) _____ (Last) _____			Telephone Number Area Code () _____	
Mailing Address (This address is where the examination letter and results will be mailed.) _____				
City _____		State _____		Zip _____
Check the branch(es) you are applying for: Branch 1 <input type="checkbox"/> Branch 3 <input type="checkbox"/> Branch 2 <input type="checkbox"/>			Check preferred location of examination: Sacramento <input type="checkbox"/> San Bernardino <input type="checkbox"/>	
Indicate the date you were last scheduled for examination: _____				
The information on this application is required pursuant to Section 8560 and following of the Business and Professions Code. All information requested in this application is mandatory, none is voluntary. Failure to provide any of the requested information will result in the application being rejected as incomplete. The information you furnish will be used to determine whether you do or do not meet the requirements for which you are applying. The information you provide may be transferred to other governmental and law enforcement agencies and may be disclosed upon a Public Records Act request made pursuant to Section 6250 of the Government Code. You have a right of access to records maintained by this agency which contain personal information about you subject to the provisions of the Information Practices Act. (§1798 et. seq of the Civil Code) The information is maintained by the Structural Pest Control Board, 2005 Evergreen Street, Suite 1500, Sacramento, CA 95815-3831; telephone 916/561-8704. The Registrar of the Board is the Custodian of Records.				
CERTIFIED TRUE STATEMENT				
I certify under penalty of perjury under the laws of the State of California to the truth and accuracy of all statements and representations made in this application, including all statements attached hereto. I understand that falsifying information on this application may result in the denial of this application.				
Signature of Applicant: _____			Date: _____	