STRUCTURAL PEST CONTROL BOARD

ORDER OF ADOPTION

(1) Amend Section 1936 of Article 3 of Division 19 of Title 16 of the California Code of Regulations to read as follows:

§ 1936. Form and Date for Filing Application for License.

(a) An application for an initial operator's or field representative's license shall be:
 (1) Filed at the principal office of the board on a form provided by the board (See Form 43L-1 (Rev. 8/06 6/16) or Form 43L-14(Rev. 8/90 6/16)), which are hereby incorporated by reference, which is printed at the end of this section and shall comply with every requirement shown thereon.

(2) Accompanied by the required examination fee. Applications not filed with the board at least 15 days prior to the next scheduled examination will not be considered for that examination.

(b) All documents filed in support of any application will be retained by the board; provided, however, that the board may at its discretion permit such documents to be withdrawn upon substitution of a true copy.

NOTE: Authority cited: Section 8525, Business and Professions Code. Reference Sections <u>114.5, 115.5, 480</u>, 8560-8566 and 8674, Business and Professions Code. <u>Sections 11361.5</u> and <u>11361.7 Health and Safety Code</u>.

(2) Amend Section 1936.1 of Article 3 of Division 19 of Title 16 of the California Code of Regulations to read as follows:

§ 1936.1. Form and Date for Filing Application for Company Registration Certificate.

(a) An application for a company registration certificate shall be:

(1) Filed at the principal office of the board on a form provided by the board (See Form No. 43L-26 (Rev. (3/90 3/14), which is hereby incorporated by reference, at the end of this section) and shall comply with every requirement shown thereon.

(2) Accompanied by the required company registration fee.

(b) All documents filed in support of any application will be retained by the board; provided, however, that the board may at its discretion permit such documents to be withdrawn upon substitution of a true copy.

NOTE: Authority cited: Section 8525, Business and Professions Code. Reference Sections <u>114.5, 115.5, 480,</u> 8610 and 8674, Business and Professions Code. <u>Sections 11361.5 and</u> <u>11361.7 Health and Safety Code</u>.

(3) Amend Section 1936.2 of Article 3 of Division 19 of Title 16 of the California Code of Regulations to read as follows:

§ 1936.2. Form for Filing Application for Applicator's License.

(a) An application for an initial applicator's license shall be:

(1) Filed at the principal office of the board-or at the office of one of the board's designated examination administrators, including, but not limited to, county agricultural commissioners, on a form provided by the board (See Form 43EL-21 (New 5/95 Rev. 4/15), which is hereby incorporated by reference, which is printed at the end of this section) and shall comply with every requirement shown thereon.

(2) Accompanied by the required examination fee.

(b) All documents filed in support of any application will be retained by the board.

NOTE: Authority cited: Section 8525, Business and Professions Code. Reference Sections 114.5, 115.5, 480, 8564.5 and 8564.6; Business and Professions Code. Sections 11361.5 and 11361.7 Health and Safety Code.

Signature

<u>10 - 11 - 2016</u> Date

BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY - GOVERNOR EDMUND G. BROWN JR

UCTURAL PEST CONTROL BOARD - LICENSI JNIT 2005 Evergreen Street, Ste. 1500, Sacramento, CA 95815 P 916-561-8704 | F 916-263-2469 | www.pestboard.ca.gov



APPLICATION FOR OPERATOR'S LICENSE

LICENSE FEE: \$120

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

If you are already licensed as an operator, it is only necessary to submit this form and your permanent wall license for upgrading. There is no fee for upgrading.

- Each question must be fully and truthfully answered.
- Attach sheets to this application wherever so directed or when space provided is not sufficient.
- An incomplete application will be returned to the applicant.
- ALL FIELDS MUST BE TYPED OR PRINTED.

OEPARTMENT OF CONSUMER AFFAIRS

OR PRINTED.

	DUSINE	ess & Protessio	ns coue sec	SION 0502
1. Check the branch(es	s) you are applying to 1 Fumigation		General Pest	Branch 3 – Termite
2. Check the type of O	nerator's License to	he issued.		
		Employee of a Comp	any 🗌 Q	ualifying Manager
3. Date of Birth;			4. Driver's Lic	ense or California Identification No.:
5. Social Security Num	ber or Individual Ta	x Identification Num	iber:	
Displace of your Casial	O a augultus Musaala ay (OC	NI) on Individual Taul	denstifie etime. Nume	han (ITIN) is monotoney. Quality 20, of the Duals and
Disclosure of your Social	Security Number (SS		dentification NUM	ber (ITIN) is mandatory. Section 30 of the Business
and Professions Code and	d MUDIIC LAW 94-455 ((42 U.S.C.A. 405(C)(2)	(C)) authorize col	lection of your SSN or ITIN. Your SSN or ITIN will be
used exclusively for tax er	norcement purposes	, for purposes of comp	mance with any ju	dgment or order for family support in accordance with
				a licensing or examination entity which utilizes a
				fail to disclose your SSN or ITIN, your application for
		•		ard, which may assess a \$100 penalty against you.
6. Name of Applicant:	(First)	(Midd	10)	(Last)
Residence Address:	(Building Number)	(Street Name)	(Unit Number)	Telephone Number:
·				
(City)	(State)		(Zip)	Email Address (optional):
		770 / /		
Mailing Address:	ulding Number)	(Street Name)		(Unit Number)
(City)	(State)	· · · · · · · · · · · · · · · · · · ·	(Zip)	
(only)	(5/6/5)		(24)	
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7. Employer:				
	• •			
Employer's Address:	(Building Number)	(Street Name)	(Uñift Number)	Telephone Number:
Linpioyer a Address:				
(City)	(State)		(Zip)	
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431-1 (Bev. 06/2016)		<u> </u>	· · · · · · · · · · · · · · · · · · ·	

ATS No.		
Cashiering No.	·	
Checked By		
Effective Date		
License No.		
Branch	· · · · · · · · · · · · · · · · · · ·	
Class Code		

FOR BOARD USE ONLY

8.	Are you presently licensed or have you previously been licensed as a structural pest control applicator, f	ield represe	entative,
	or operator in the State of California?		
	If YES, state license number(s):	YES	
9.	Give the name and address of individuals and businesses with whom you have been associated in the pe	st control b	usiness
	as partners or business associates in the last five years:		
10.	Are you now or have you ever been licensed to do structural pest control in another State?	YES	0א 🗆
	If YES, provide the name of the State and your license number Type of License		
	Name license issued under		
11	Are you at the present time employed or engaged in the structural pest control business?		
	Are you at the present time employed or engaged in the equation poet control bacheoor	🗌 YES	
	If YES, by whom and in what capacity?		
12.	If YES, by whom and in what capacity?	or any oth	er
	State agency?		
		🗌 YES	🗌 NO
	If YES, attach a signed detailed statement.		
13.	Do you have any pending disciplinary actions against you in regards to any professional or vocational	_	
	If YES, attach a signed detailed statement.	YES	
14	Have you ever been associated with any person, partnership or corporation, whose professional or vo	neational lic	ense
	was refused, denied, suspended or revoked by this or any other State agency?		(
		🗌 YES	⊡NO
	If YES, attach a signed detailed statement.		
15.	Have you ever been convicted of, or plead guilty or nolo contendere to ANY offense in the United Stat country? This includes every citation, infraction, misdemeanor and/or felony, including traffic violatio Convictions that were adjudicated in the juvenile court or convictions two years or older under Califo Safety Code sections 11357(b), (c), (d), (e) or section 11360(b) should NOT be reported. Convictions t expunged from the records of the court or set aside pursuant to section 1203.4, 1203.4(a), or 1203.41 Penal Code or equivalent non-California law MUST be disclosed. (Minor traffic violations resulting in a fir do not need to be disclosed.) <u>Proof of dismissal:</u> If you have obtained a dismissal of your conviction(s) pursu sections 1203.4, 1203.4(a), or 1203.41, please submit a certified copy of the court order dismissing the conv application.	ns. NOTE: rnia Health hat were lat of the Califo ne of \$300.00 uant to Pena	and ter ornia 0 or less al Code
		🗌 YES	
	If YES, attach a signed detailed statement.		
16.	Is any criminal action pending against you, or are you currently awaiting judgment and sentencing fol	lowing entr	y of a
	plea or jury verdict?	🗌 YES	
	If YES, attach a signed detailed statement.		
17	Are you currently in the United States Military?	☐ YES	
18.			
19.			
	Forces of the United States who is assigned to a duty station in this state under official active duty m orders?		5 🗌 NO
20.	Have you ever been found guilty of any violation or any provision of the Structural Pest Control Act?		
		🗋 YES	B 🗌 NO
L	If YES, attach a signed detailed statement.		

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Time Period		Employer and Address	Description of duties performe
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22. EQUIVALENTE		AINING - Submit all experience/training which y	you believe is equivalent to experience/training
while in the emplo	y of a pest contro	ol company. Such activities can include but are	not limited to military service, structural pes
related occupatio	ns or any other r	elated activity.	
Time Period		Employer and Address	Description of duties performe
From	To		
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NOTICE ON COLLECTION OF PERSONAL INFORMATION

Collection and Use of Personal Information

The Structural Pest Control Board of the Department of Consumer Affairs collects the personal information requested on this form as authorized by Business and Professions Code Section 8562, California Code of Regulations Section 1936 and the Information Practices Act. The Structural Pest Control Board uses this information to identify and evaluate applicants for licensure, issue and renew licenses, enforce licensing standards set by law and regulation, update and maintain current licensee information, and for mailing purposes.

Mandatory Submission

Submission of the requested information is mandatory. The Structural Pest Control Board cannot consider your application for licensure or renewal unless you provide all of the requested information.

Access to Personal Information

You may review the records maintained by the Structural Pest Control Board that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

Possible Disclosure of Personal Information

We make every effort to protect the personal information you provide us. The information you provide, however, may be disclosed in the following circumstances:

- In response to a Public Records Act request (Government Code Section 6250 and following), as allowed by the Information Practices Act (Civil Code Section 1798 and following);
- To another government agency as required by State or Federal law; or,
- In response to a court or administrative order, a subpoena, or a search warrant.

Contact Information

For questions about this notice or access to your records, you may contact: The Structural Pest Control Board at 2005 Evergreen Street, Suite 1500, Sacramento, CA 95815, by phone at (916) 561-8704, or by email at pestboard@dca.ca.gov.

For questions about the Department's Privacy Policy, you may contact the Department of Consumer Affairs at 1625 North Market Boulevard, Sacramento, CA 95834, by phone at (800) 952-5210, or by email at dca@dca.ca.gov.

GEORGE DEWKARMAN

STATE OF CALIFORNIA-STATE AND CONSUMER SERVICES ADENCY



STRUCTURAL PEST CONTROL BOARD 1430 HOWE AVENNE, SACRAMENTO, CA 95825 Telephone Munifacti Administration thill (\$14) \$2442291

Examination/Userning/RecentleStorege (916) 924-2204 Complaint Wet (916) 920-4323

OPERATOR'S LICENSE

INSTRUCTIONS FOR COMPLETING THE APPLICATION,

Operator's License

Complete pages 2 and 3 and return it with the required fee.

Registration of Company

FICTITIOUS NAME STYLE MUST BE APPROVED PRIOR TO COMPLETION OF APPLICATION FOR COMPANY REGISTRATION.

Once a namestyle has been approved by the Board, complete pages 3 and 4 and return it with the required fee, the certificate chinsurance form and the licensee's boad form.

(if applying for both Operator's License and Company Registration, complete pages 2, 3 and 4.)

SOLE-OWNER OR CO-PARTNERSHIP ONLY

If name style is fictitious, you must file with the county recorder's office and submit a copy to this office glong with the above documents.

CORPORATION

The Articles of Incorporation must be submitted after endorsement by the Secretary of State (copy is acceptable). If filing for DBA, submit copy of fictitious name filing from county recorder's office.

https://govt.westlaw.com/calregs/Link/Document/Blob/I5c6d0ea43e9f11dbbb6874004204... 5/22/2014

MOR BOARD USE OHL

Application for

OPERATOR'S LICENSE

Fex \$120.00

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

please fring or type

- 1. Check bianch in which you are applying for license: Branch 1-The practice relating to the control of household and wood-destroying pestr or organisms by furnigation with poisonous or lethal gases. Branch
 - Branch 2-The practice relating to the control of household pests, excluding fumigation with poisonous or lethal gases.
 - Branch 8-The practice relating to the control of wood-destroying pasts or organizes by the use of insecticides, or structural repairs and corrections, excluding fumigation with poisonous or lethal gases

2. Type of Operator's License to be issued: Inactive License Employee of Company

3.	Complete this Section.	
	Full Name of Applicant:	
	Residence Address	Telephone Number: Area Code ()
	(CTTT) (STATE) (2H7)	
	Mailing Address:	Date you passed mamination:
	(CTT)) (STATE) (SH)	
	Employer	
	Address of Employer's Principal Office:	Telephone Number: Area Code ()
	(CTTV) (STATE) (EMP)	
4.	Section 30 of the Business and Professions Code and Public Law 04-455 (48 U.S.C.A 405 (c) (2) (C) authorize collection of your social security number (SSN). Disclosure of your social security number is mandatory. The information will be used exclusively for tax colorogenent purposes. If you fail to disclose your SSN, you will be reported to the Franchise Tax Board, which may assess a \$100.09 penalty against you.	Social Security Number:

43L-1 (Rev. 8/06)

https://govt.westlaw.com/calregs/Link/Document/Blob/I5c92ffce3e9f11db813774004204d... 5/22/2014

SUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY + GOVERNOR EDMUND G, BROWN JR.

S CTURAL PEST CONTROL BOARD - LICENSING JIT 2005 Evergreen Street, Ste. 1500, Sacramento, CA 95815 P 916-561-8704 | F 916-263-2469 | www.pestboard.ca.gov



FOR BOARD USE ONLY

ATS No.

Branch

Cashiering No.

Checked By _____

Effective Date ______ License No. _____

Class Code

APPLICATION FOR FIELD REPRESENTATIVE'S LICENSE

LICENSE FEE: \$ 30

DEPARTMENT OF CONSUMER AFFNIRG

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

If you are already licensed as a field representative, it is only necessary to submit this form and your permanent wall license for upgrading. There is no fee for upgrading.

- Each question must be fully and truthfully answered.
- Attach sheets to this application wherever so directed or when space provided is not sufficient.
- An incomplete application will be returned to the applicant.
- ALL FIELDS MUST BE TYPED OR PRINTED.

Business & Professions Code Section 8564

I. Check the branch	(es) you are applyin	g for:		
🔲 Bra	nch 1 - Fumigation	וֹ [Branch 2 – General	Pest 🗌 Branch 3 – Termite
0 Oheek the time of	-			
2. Check the type of				
	Inactive I	License		of a Company
3. Date of Birth:			4. Driver's License or	California Identification No .:
5. Social Security Nu	mber or Individual	Tax Identificatio	n Number:	
Disclosure of your So	cial Security Numbe	r (SSN) or Indivi	dual Taynayar Idantifiaa	tion Number (ITIN) is mandatory. Section 30 of
the Business and Pro	fessions Code and	Public Law 94-4	155 (42 11 S C A 405(c)/2	(C)) authorize collection of your SSN or ITIN.
Your SSN or ITIN will b	oe used exclusively	for tax enforcem	ent purposes, for purpo	ses of compliance with any judgment or order
for family support in	accordance with Fa	mily Code Sect	ion 17520. or for verific	ation of licensure or examination status by a
licensing or examinati	ion entity which utili	zes a national ex	amination and where lic	ensure is reciprocal with the requesting state. If
you fail to disclose yo	our SSN or ITIN, you	r application fo	r initial license will not b	be processed AND you will be reported to the
Franchise Tax Board,	which may assess	a \$100 penalty a	igainst you.	· · · · · · · · · · · · · · · · · · ·
6. Name of Applicant	(I-irst)		(Middia)	(Last)
Residence Address:	(Bullding Number)	(Street Namë)	(Unit Number)	Telephone Number:
noondonioo / warooor				
(Citv)	(State)		(20)	
(City)	(State)		(Zip)	Email Address (optional):
(Спу)	(State)		(Zip)	Email Address (optional):
	(State) (Building Nümber)	(Street Name)	(Zip) (Unit Nur	
		(Street Name)		
		(Street Name)		
Mailing Address:	(Building Number)	(Street Name)	(Unit Nur	
Mailing Address:	(Building Number)	(Street Name)	(Unit Nur	
Mailing Address:	(Building Number)	(Street Name)	(Unit Nur	
Mailing Address:	(Building Number)	(Street Name)	(Unit Nur	
Mailing Address:	(Building Number)	(Street Name)	(Unit Nur	nber)
Mailing Address: (City) 7. Employer:	(Building Number) (State)	· · · · · · · · · · · · · · · · · · ·	(Unit Nur (Zip)	
Mailing Address: (City) 7. Employer:	(Building Number) (State)	(Street Name)	(Unit Nur (Zip) (Unit Number)	nber)
Mailing Address: (City) 7. Employer: Employer's Address:	(Building Number) (State) (Building Number)	(Street Name)	(Unit Nur (Zip)	nber)

43L-14 (Rev. 06/2016)

8. F	Previous Employer:			
Prev	rious Employer's Address:	Telephone Number Area Code ()		(
9.	Are you presently licensed or have you previously been licensed as a structural pest or operator in the State of California?	control applicator, fie	ld represe	
	If YES, state license number(s):	······································	🗋 YES	
10.	Give the name and address of individuals and businesses with whom you have be business as partners or business associates in the last five years:		pest contr	ol
11.	Are you now or have you ever been licensed to do structural pest control in anothe		☐ YES	
	If YES, provide the name of the State and your license number Type of License Name license issued under			
12.	Are you at the present time employed or engaged in the structural pest control bus	iness?	YES	 []
	If YES, by whom and in what capacity?			
13.	Have you ever had a professional or vocational license refused, denied, suspended State agency?	d or revoked by this c		
	If YES, attach a signed detailed statement.		YES	
14.	Do you have any pending disciplinary action against you in regards to any profession	ional or vocational lic	ense?	
	If YES, attach a signed detailed statement.			
15.	Have you ever been connected with any person, partnership or corporation, whose was refused, denied, suspended or revoked by this or any other State agency?	e professional or voc	ational lice	ense
	If YES, attach a signed detailed statement.	· · · · · · · · · · · · · · · · · · ·		•
16.	Have you ever been convicted of, or plead guilty or nolo contendere to ANY offens country? This includes every citation, infraction, misdemeanor and/or felony, inclu NOTE: Convictions that were adjudicated in the juvenile court or convictions two y and Safety Code sections 11357(b), (c), (d), (e) or section 11360(b) should NOT be expunged from the records of the court or set aside pursuant to section 1203.4, 12 Penal Code or equivalent non-California law MUST be disclosed. (Minor traffic violat do not need to be disclosed.) <u>Proof of dismissal:</u> If you have obtained a dismissal of you sections 1203.4, 1203.4(a), or 1203.41, please submit a certified copy of the court order application.	ding traffic violations years or older under (reported. Conviction 03.4(a), or 1203.41 of ions resulting in a fine ur conviction(s) pursua	s. California I s that were the Califo of \$300.00 unt to Penal	Heal e lat rnia or l
	If YES, attach a signed detailed statement.		YES	
17.	Is any criminal action pending against you, or are you currently awaiting judgment plea or jury verdict?	and sentencing follo		-
	If YES, attach a signed detailed statement.		☐ YES	
18.	Have you ever been found guilty of any violation or any provision of the Structural	Pest Control Act?		
			🗌 YES	

Ermanian - Eau	6-3 1 11 1	tornia. Experience must be certified on a CERTIFIC,	ce uned while in the employ of a company ATE OF EXPERIENCE FORM. Attach Certificate
Experience Form Time Period	(s) to this a	pplication.	
Time Period			
From	То	Employer and Address	Description of duties performed
	10		
	<u> </u>		
while in the omniou	en che nost	/TRAINING - Submit all experience/training which yo	bu believe is equivalent to experience/training gaine
control related ass	or a pest o	control company. Such activities can include, but a r any other related activity.	ire not limited to, military service, structural pest
Time Period	upations o		
From	То	Employer and Address	Description of duties performed
	10		· · · · · · · · · · · · · · · · · · ·
· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	
st in chronological ord ttach certification of ex		tural pest control experience gained out of state. E	xperience must be certified by employer.
Time Period	-	Employer and Address	Description of duties performed
From	To		·
·			
2. Are you currently	in the Uni	ted States Military?	
		•	
		ted States Military? United States Military?	
 Have you ever ser Are you married to 	ved in the	•	YES N An active duty member of the Armed Inder official active duty military
 Have you ever ser Are you married to Forces of the Unit 	ved in the	United States Military? omestic partnership or other legal union with, a who is assigned to a duty station in this state u	☐ YES ☐ N an active duty member of the Armed nder official active duty military
 Have you ever ser Are you married to Forces of the Unit orders? certify under penalty or nade in this application, ne denial of this application 	ved in the o, or in a d ed States f perjury ur	United States Military? omestic partnership or other legal union with, a	YES N YES N N An active duty member of the Armed Inder official active duty military YES N YES N
 Have you ever ser Are you married to Forces of the Unit orders? certify under penalty of ade in this application, e denial of this application." 	ved in the o, or in a d ed States f perjury ur	United States Military? omestic partnership or other legal union with, a who is assigned to a duty station in this state u CERTIFIED TRUE STATEMENT ider the laws of the State of California to the truth a all statements attached hereto. I understand that fai	YES N YES N An active duty member of the Armed Inder official active duty military YES N YES N Ind accuracy of all statements and representatio Isifying information on this application may result re read and understand the "Notice of Collection
4. Are you married to Forces of the Unit orders? certify under penalty of nade in this application.	ved in the o, or in a d ed States f perjury ur	United States Military? omestic partnership or other legal union with, a who is assigned to a duty station in this state u CERTIFIED TRUE STATEMENT ider the laws of the State of California to the truth a all statements attached hereto. I understand that fai	YES Note YES

NOTICE ON COLLECTION OF PERSONAL INFORMATION

Collection and Use of Personal Information

The Structural Pest Control Board of the Department of Consumer Affairs collects the personal information requested on this form as authorized by Business and Professions Code Section 8562, California Code of Regulations Section 1936 and the Information Practices Act. The Structural Pest Control Board uses this information to identify and evaluate applicants for licensure, issue and renew licenses, enforce licensing standards set by law and regulation, update and maintain current licensee information, and for mailing purposes.

Mandatory Submission

Submission of the requested information is mandatory. The Structural Pest Control Board cannot consider your application for licensure or renewal unless you provide all of the requested information.

Access to Personal Information

You may review the records maintained by the Structural Pest Control Board that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

Possible Disclosure of Personal Information

We make every effort to protect the personal information you provide us. The information you provide, however, may be disclosed in the following circumstances:

- In response to a Public Records Act request (Government Code Section 6250 and following), as allowed by the Information Practices Act (Civil Code Section 1798 and following);
- To another government agency as required by State or Federal law; or,
- In response to a court or administrative order, a subpoena, or a search warrant.

Contact Information

For questions about this notice or access to your records, you may contact: The Structural Pest Control Board at 2005 Evergreen Street, Suite 1500, Sacramento, CA 95815, by phone at (916) 561-8704, or by email at <u>pestboard@dca.ca.gov</u>.

For questions about the Department's Privacy Policy, you may contact the Department of Consumer Affairs at 1625 North Market Boulevard, Sacramento, CA 95834, by phone at (800) 952-5210, or by email at dca@dca.ca.gov.

IE OF CALIFORNIA-STATE AND	CONSUMER SERVICES AGENCY	<u></u>	GEORGE DEUXMEJIAN, Governor	/
DEPAREMENT OF	STRUCTURAL PEST C	DNTROL BOAR	D	
Sinsumer	1422 HOWE AVENUE, SACRAM	ENTO, CA 96825-328		· .
Affairs	Telephone Mar			
Báille ann a	Administrati Exemination/Licensing/Records/S	m Unit (916) 924-2291	\mathbf{Y}	
$\sum_{i=1}^{n} i$		m Unic (916) 920-6323		
	APPLICATION FOR FIRED REP		T 1/	
$\mathbf{\lambda}$	Bus. & Prof.		JALCENSIS	
	BUS. & FLUL.			
ministe this and	ication for Field Representat	ive's	FOR BOARD USB ONLY	
icense. Section 8	563 of the Business & Profess	sions Code	r /	
tates that WITHIN	ONE YEAR after the individua	l dasses	Cashiering to	
he examination an	A if the applicant qualifies	for a field	Audit Noy	,
ecresentative's l	icense, the board shall issue	a to him/ner	Checked/By	
field representa	tivels license. If you are a	ready	Eff. Date	
licensed as a fiel	d representative, it is only	necessary to	License No.	
submit this form a	nd your permanent wall licen	se lor	Branch	•
pgrading. There i	s no fee for upgrading.		*	·
· · ·	PER I	20		
	(Remit by money order, cash	der's check	pr personal.	
	check payable to the Struc	unal Pest Con	trol Board)	
Please Print or Th				
·····				•
1. Check branch yo	are applying for:	2. Check	type of Field Representative's set to be issued:	
() Branch 1 Ft	microtion	La L	se to be 1850ed:	
Branch 2 G		/ 1 11 11	nactive License	
Branch 3 T				
	of Restoration		mployee of Company	
3. Complete this	Section	<u> </u>		
			·	
Full Name of a	appresate			
•				
Residence Add	ress	·····	Telephone Number	
•			$\sum_{i=1}^{n} \sum_{j=1}^{n} \sum_{i=1}^{n} \sum_{i$	• •
			Araa Code ()	
(City)	(State)	(Zi <u>r</u>	») \	
		•	\mathbf{X}	
- Employer (Off	icial/Address of Record)			*
andraatan faan			$\sim 10^{-1}$ M $\sim 10^{-1}$	
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Address of En	ployer's Principal Office	aa ay oo ahaa ahaa dhii dhadaa dhadaa dhadaa dhii dha	Telephone Number	
	· _,		\sim	
			Area Code ()	
Section 30 of the	Business & Professions Code	and Public L	W 94-455 (42 U.S.C.A.	
405 (C) (2) (C) aut	Keize collection of your so	LAL SECULICY	number (SSN). Disclosure of your be used exclusively for tax	
SOCIAL SECULICY I	uses. If you fail to disclose	rengelendet meter (Newskerdet meter (n will be reported to the	
Branchise Tay Pol	rd. which may assess a Sloo	penalty again	st you. PIEASE FILL IN YOR	
SSN. / SOCIAL SE		E. A	and I make the second second the strate	
	which address you wish to us	e for mailing	purposes:	
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		N988		\ .

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λì	re you presently licensed or have you previously been licensed		
a	s a structural pest control operator or field representative in	YES	
<u>, н</u>	he State of California?	()	() ()
YE	Sy state license number(s)		Λ
	re you now or have you ever been licensed to do structural pest		
Q	ontrol in another state?	YES	NO []
I	f YES, show State issuing license		
Ţ	ype of License and number		
N	ame licensed under		
Ā	re you at the present time employed or engaged in the structural		
	est control business?	YES	
	f YES, by whom and in what capacity?	t 1	- 13
1.	r tool ny wiren and thinking consertal.		
شد. محمد مساهدها			
	ave you had a professional or vocational license refused, suspend		
đ	or revoked by this or any other State? If YES, attach a signed letailed statement.		25 NO
	lave you been convicted of a felony within the previous five years		and the second secon
Ċ	or misdemeanor other than violation of traffic laws?		ES NO
•	If YES, attach signed detailed statement.	1 - - - -	} ()
. 1	Have you ever committed or been found guilty of any violation of	<u> </u>	
. 1	the provisions of the Structural Pest Control Act?		ES: NO
	If YES, attach a signed, detailed statement.		
	The information on this application is required pursuant to Section inclusive of the Business and Professions Code. The information :		
	Inclusive of the Business and Professions code. The information : Structural Pest Control Board, Fyrmination/Licensing Unit, 1422 H		
1	Sacramento, CA 95825-3280; telephone (916)924-2294. All informat	ion reques	ted in thi
· · ·	application is mandatory, none is voluntary. Failure to provide	any of the	requested
	information will result in the application being rejected as inco	mplete. 1	be
: `	information you furnish will be used to determine whether you do field representative ligense requirements. Your completed applic	at do not	Reet the
	confidential information which is used by authorized personnel of	the board	, and which
:	may be transferred to other governmental agencies. The applicaki	on cannot	be returne
• •	to you but may gain access to the document by contacting the boar	d's regis	crar.
	CERTIFIED THE STATEMNT		
	I certify under penalty of perjury under the laws of the State of	Californ	a m tha
	truth and accuracy of all statements and representations made in		
	including all statements attached hereto. I understand that fals	ifying in	formation o
	this application may result in the denial of this application. 1	certify	that I am a
	least eighteen years of age.		
Sian	nature of Applicant Date		<u> </u>
		•	\sim
	/	and the state of the	
	Page 2		

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BUS 3. CONSUMER SERVICES, AND HOUSING AGENCY + GC NOR EDMUND G. BROWN JR.

STRUCTURAL PEST CONTROL BOARD-LICENSING UNIT 2005 EVERGREEN STREET, STE. 1500 SACRAMENTO, CA 95815 P 916-561-8704 | F 916-263-2469 | <u>WWW.PESTBOARD.CA.GOV</u>



REGISTRATION OF COMPANY

INSTRUCTIONS FOR COMPLETING THE APPLICATION

THE REQUEST FOR APPROVAL OF REGISTERED COMPANY MUST BE APPROVED PRIOR TO COMPLETION OF APPLICATION FOR COMPANY REGISTRATION.

Once a namestyle has been approved by the Board, complete pages 2 and 3 and return it with the required fee, the certificate of insurance form and the original surety bond form.

SOLE-OWNER OR PARTNERSHIP ONLY

If namestyle is fictitious, you must file with the county recorder's office and submit a copy of the fictitious name statement to this office along with the above documents.

CORPORATION

The Articles of Incorporation must be submitted after endorsement by the Secretary of State (copy is acceptable). If filing for DBA, submit a copy of the fictitious name statement from county recorder's office.

Section 8610 of the Business and Professions Code requires corporations to report the names of its shareholders with 10 percent or more ownership interest. (Attach separate lists if additional space is needed)

APPLICA	TION FOR			FOR BOARD USE ONLY
REGISTRATION			ATS No.	· · · · · · · · · · · · · · · · · · ·
	\$120	-	Cashieri	ng No. [
(Remit by money order, cashiers, p to the Structural Pe			able Bond	Insurance
There is no fee		,	Art. of I	nc./fictitious business name
		tration	Branch	Class Code
Check branch(es) in which you are ap			Registra	tion No.
Branch 1 Branch 2 Fumigation General Pe		Branch 3 Termite	Date Iss	ued Checked By
 Application must be accompanied Each question must be fully and traprovided is not sufficient. Each question must be answered a shareholders with 10% ownership Any material misrepresentation is generated and the second statement of the second	uthfully answered as applying to all or more in a corp grounds for refus	d. Attach sheets to members of partne poration. al or subsequent re	rship or qualifyir	
2. Address of principal place of busin	ness:	City	Sta	te Zip
Mailing address: City	State	Zip		Email Address
3. Telephone number:		······································		·····
	Individual	Partnership	Corporatio	Dn
5. Principal office is located in:		mercial Building	- Residen	· · · · · · · · · · · · · · · · · · ·
6. Is principal office clearly marked of	r to be marked	by a sign designa	ting the busine	ss? YES NO
7. Are there shareholders of this con	pany with 10%	ownership or mor	re?	YES NO
If YES, list shareholders below and p				· · · · · · · · · · · · · · · · · · ·
8. Give FULL NAME, Title & Address shareholders with percentage of c		wner, qualifying m	anager, partner	
Name (Do not use initials) (Please print)	License No. (If any)	Title or Position	Shareholder Percentage	Residence Address (If rural delivery, also name road or district)
	<u></u>			
		<u> </u>		
9. Social Security Number: Disclosure of your Social Security Number mandatory. Section 30 of the Business ar your SSN. Your SSN or FEIN will be use order for family support in accordance wit licensing or examination entity which utiliz fail to disclose your SSN or your FEIN, you the Franchise Tax Board, which may asse	d Professions C d exclusively for h Family Code S ces a national ex our application for	al employer identific ode and Public Law tax enforcement pu section 17520, or fo amination and whe r initial or renewal li	v 94-455 (42 US irposes, for purp r verification of li re licensure is re	FEIN"), if you are a partnership) is CA 405(c)(2)(C)) authorize collection of oses of compliance with any judgment censure or examination status by a ciprocal with the requesting state. If you

10.	Give the name and address of individuals and businesses with whom you, or any of you, have been associated with in the pest control business as partners or business associates in the last five years		
11.	Are you, or any of you, at the present time employed or engaged in the structural pest control busine	ess?	
	If YES, by whom and in what capacity?		
12.	Have you, or any of you, ever had a professional or vocational license refused, denied, suspended of any other State agency?	revoked by	/ this or
	If YES, attach a signed detailed statement.	🗌 YES	□ NO
13.	Have you, or any of you, ever been associated with any person, partnership or corporation, whose p vocational license was refused, denied, suspended or revoked by this or any other State agency?	rofessional	or
	If YES, attach a signed detailed statement.	🗌 YES	
14.	Do you, or any of you, have any pending disciplinary action(s) against you, or any of you, by any Sta in regards to any professional or vocational license?	te agency	
		🗌 YES	
	If YES, attach a signed detailed statement.		
15.	Will any individual, not listed above as an officer or partner, be associated in any capacity with you, v control license revoked or suspended, or application refused by this or any other State?	who has hac	d a pest
	If YES, attach a signed detailed statement.	🗌 YES	🗌 NO
16.	Have you, or any of you, ever been convicted of, or plead guilty or nolo contendere to ANY offense in or a foreign country? This includes every citation, infraction, misdemeanor and/or felony, including to NOTE: Convictions that were adjudicated in the juvenile court or convictions two years or older under and Safety Code sections 11357(b), (c), (d), (e) or section 11360(b) should NOT be reported. Convictive expunged from the records of the court or set aside pursuant to section 1203.4 of the California Pena equivalent non-California law MUST be disclosed. (Minor traffic violations resulting in a fine of \$300.00 or be disclosed.)	affic violation r California ons that wer l Code or	ons. Health re later
	If YES, attach a signed detailed statement.	🗌 YES	
17.	Is any criminal action pending against you, or any of you, or are you, or any of you, currently awaiting	judgment a	and
	sentencing following entry of a plea or jury verdict?		
	If YES, attach a signed detailed statement.	☐ YES	
18,	Are you, or any of you, currently in the United States Military?	YES	□ NO
19.	Have you, or any of you, ever served in the United States Military?	☐ YES	🗌 NO
20.	Are you, or any of you, married to, or in a domestic partnership or other legal union with, an active du Armed Forces of the United States who is assigned to a duty station in this state under official active orders?	duty militar	of the y I NO
	If yes, attached a signed statement as to which individual(s) listed in question 8 is married to an acti- the Armed Forces of the United States who is assigned to a duty station in this state under official ac orders.	ve duty men tive duty mil	nber of litary
21.	Have you, or any of you, ever been found guilty of any violation or any provision of the Structural Pes	t Control A	
	If YES, attach a signed detailed statement.		

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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 me 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	Printed Name	Title	Date
		<u> </u>	
	- ، ، ، ، ، _ا		<u></u>
		· · · · · · · · · · · · · · · · · · ·	
application must be signed	s application personally. A partnership application by all officers of a corporation and shareholders		

NOTICE ON COLLECTION OF PERSONAL INFORMATION

Collection and Use of Personal Information

The Structural Pest Control Board of the Department of Consumer Affairs collects the personal information requested on this form as authorized by Business and Professions Code Section 8564, California Code of Regulations Section 1936 and the Information Practices Act. The Structural Pest Control Board uses this information to identify and evaluate applicants for licensure, issue and renew licenses, enforce licensing standards set by law and regulation, update and maintain current licensee information, and for mailing purposes.

Mandatory Submission

Submission of the requested information is mandatory. The Structural Pest Control Board cannot consider your application for licensure or renewal unless you provide all of the requested information.

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- In response to a court or administrative order, a subpoena, or a search warrant.

Contact Information

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For questions about the Department's Privacy Policy, you may contact the Department of Consumer Affairs at 1625 North Market Boulevard, Sacramento, CA 95834, by phone at (800) 952-5210, or by email at <u>dca@dca.ca.gov</u>.

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Appli	ication for		R BOARD USB C	
REGISTRATIC	ON OF COMPANY	CASI-UMAINE MU	AAAD	H MAMER
	· · · · · · · · · · · · · · · · · · ·	CHECKED BY		CANA PALA
	ree: \$120.00	PROPERTATION		NGH /
for registration:	ches in which you are applying			
	anch 2 Branch 3 noral Pest () Termite ()			- C-F 6462.
		-		
DISTRUCTIONS	•		line in	
INSTRUCTIONS				
1. Each application mus				
L. Leon question must where space provider	be fully and truthfully antwored. A Nor the answer is not sufficient.	waon sheets to this t	orns wherever co e	reered or
	to answered as applying to all measure	bers of construction	er malifying offic	tes of ope-
por ation.				
-	resentation is grounds for refusal or		•	•
5. Any material misrepre	sentation is grounds for refusal or su	bsequent revocation of	a license.	
A18 PRINT OR TYPE)			• • ••••••• • • •• ••• • •••••••	
FIRM NAME by which registra	ation is to be issued:	/		
• •		r	, ,	,
Address of principal place of business:	(Mumber and (ment)	(Cary)	(Saala)	(74) C-4
Doing business as: Individual ()	Principal office is located in Commercial Building () Residence	Le principal of marked by a YES ()	files clearly marked sign designating the NO ()	or to be bisioes?
Copartnership ()				
Constantion () Corporation ()		Phone No.		
Corporation ()	Address of individual owner, qualify	<u> </u>	or all officers of co	nporation:
Corporation () Give FULL NAME, Title, and		<u> </u>	er all officers of on REDICENCE /	<u> </u>
Corporation () Give FULL NAME, Title, and	Address of individual owner, qualify	ving utenager, partners		· · ·
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Corporation () Give FULL NAME, Title, and NAME so nor use servas press servery Section 30 of the Susiness an 405 (c) (2) (C) authorize colle (for partnerships) or your sock <u>exempt</u> . Disclosure of your	Address of individual owner, qualify to serve to serve d Professions Code and Public La clion of a federal employer identify	ving islanages, partners ving islanages, partners Norman No	Social Socurity I	Nascology:
Corporation () Give FULL NAME, Title, and NAME and NAME and NAME and NAME and NAME and NAME and NAME and Section 30 of the Susiness an 405 (c) (2) (C) authorize collection (for partnerships) or your sock <u>exempt</u> . Disclosure of your	Address of individual owner, qualify improve two for area of Professions Code and Public La clion of a federal employer identifie al security number (SSN) (for all of social security number/federal en social security number/federal en social security number/federal en social security number/federal en	ving islanages, partners ving islanages, partners Norman No	Social Socurity I	Nasendaey:

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The information on this application is required pursuant to Section 8500 and 8697.5 inclusive of the Husiness and Per	lensiumus
Code. The information is maintained by the Structural Pest Control Board, Examination/Licensing Unit, 1430 Howe /	ivense.
Sacramenta, CA 95825; telephone (916) 924-2294. All information requested in this application is mandatory, nome is vol	huttery/
Reliure to provide any of the requested information will reack in the application being rejected as incomplete. The info	raustern
yob furnish will be used to determine whether you do or do not meet the requirements for the house for which you are	s approve
ing. It may be transferred to other law anforcement agencies. You have a right of access to records maintained by this	Menoy
which dontain personal information about you.	/****

A sole owner, must sign this application personally.

A partnership application must be signed by each partner.

A corporate application must be signed by an officer of the corporation, a share holder, and each qualifying mapager.

CERTIFIED TRUE STATEMENT

I certify under penalty of perjury under the laws of the State of California to the truth-and-apparacy-of all statements and representations made in this application, including all statements attached hereto. I understand that faisifying information on this application may result in the denial of this application.

AKANATURE	TITLE	DATE	
			• •
1. Give the name and address of the persons with whom business associates in the last five years	you, have been associated in the past cost	toi basinest as partmer	(\$ 4) r
8. Are you, or any of you, at the present time employed of If so, by whom and in what capiscity?	angagai in the pest control business?	YES () NO	()
 Have you, or any of you, had a professional or ybeation this or any other State? (If so, attach signed detailed atotement.) 	ast license refused, suspended or revoked h	y YES () NO	
4. Have you, or any of you, been connected with any pers femional or vocational license was rejuced, suspended or (If so, attach signed detailed statement.)	ion, community or corporation, whose provided by this or any other State?	> YES () NO	()
5. Will any individual, not listed above as an officer or you, who has had a pest control license revoked or any other State? (If so, stiach signed detailed statement.)	partner, be connected in any expacitly wi sanded, or application refuned by this of an	Ik YES () NO IY	()
 A Have you, or any of you, been convicted of a felony we other than violation of traffic laws? 	tinin the previous five years or misdemean	W THES () NO	()
(if so, attach signed dotatled statement.)			
7. Have you, or any of you, within the past three years, be the Structural Pest Control Act?	sen guilty of any violation or any provision	of YES () NO	()
(If so, attach signed detailed statement.)		<u> </u>	<u> </u>

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provided is not sufficient.

LICENSE FEE: \$ 10 (Remit by money order, cashier's check or personal check payable to the Structural Pest Control Board)

Attach sheets to this application wherever so directed or when space

Each question must be fully and truthfully answered.

ALL FIELDS MUST BE TYPED OR PRINTED.

An incomplete application will be returned to the applicant.

BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY + GOVERNOR EDMUND G, BROWN JR.

3UCTURAL PEST CONTROL BOARD - LICENS, UNIT 2005 Evergreen Street, Ste. 1500, Sacramento, CA 95815 P 916-561-8704 | F 916-263-2469 | www.pestboard.ca.gov



APPLICATION FOR APPLICATOR'S LICENSE

FOR BOARD L	JSE ONLY
ATS No	
Cashiering Number Checked By Effective Date License No Branch Class Code	

Business and Professions Code Section 8564.6

1. Name of Applicant:	(mode)		
2. Residence Address: (Building Number) (Street	Name)	(Unit Number)	Telephone Number:
			()
(Citý) (Státě)	(Zip)		Email Address (optional):
		- T	
Malling Addressor (Building Number)	(Street Name)	-	(Unit Numbër)
Mailing Address: (Building Number)			
		1 Aini	
(City) (State)		(Zip)	
3. Employer:	· · · · ·		
Employer's Address: (Building Number) (Street	Name)	(Unit Number)	Telephone Number:
			()
(City) (State)			
·		·	
4. Date of Birth:	5. D	river's License	or California Identification No .:
6. Social Security Number or Individual Tax Ident	ification Numbe	er:	
Disclosure of your Social Security Number (SSN) of the Business and Professions Code and Public La			
Your SSN or ITIN will be used exclusively for tax e			
order for family support in accordance with Family			
by a licensing or examination entity which utilizes			
requesting state. If you fail to disclose your SSN o			
be reported to the Franchise Tax Board, which ma			
7. Are you 18 years of age or older?			
			🗌 YES 🛄 NO
8. Are you presently licensed or have you previou	Isly been licens	ed as a structur	al pest control applicator, field representative.
or operator or equivalent in this or any other			
If YES, state license number(s):			•

43L-21 (Rev. 06/2016)

-	Give the name and address of individuals and businesses with whom you have been as as partners or business associates in the last five years:	ssociated in the pest control b	usiness
10.	Are you at the present time employed or engaged in the structural pest control busi	ness?	
	If YES, by whom and in what capacity?	YES	🗌 NO
11.	Have you ever had a professional or vocational license refused, denied, suspended	or revoked by this or any oth	er
	State agency? If YES, attach a signed detailed statement.	🗌 YES	
12.	Do you have any pending disciplinary actions against you in regards to any professi	onal or vocational licenses?	
		YES	🗌 NO
. <u>.</u>	If YES, attach a signed detailed statement.		
13.	Have you ever been connected with any person, partnership or corporation, whose	professional or vocational lic	ense
	was refused, denied, suspended or revoked by this or any other State agency?	TES	
	If YES, attach a signed detailed statement.		
	country? This includes every citation, infraction, misdemeanor and/or felony, include Convictions that were adjudicated in the juvenile court or convictions two years or or Safety Code sections 11357(b), (c), (d), (e) or section 11360(b) should NOT be report expunged from the records of the court or set aside pursuant to section 1203.4, 120 Penal Code or equivalent non-California law MUST be disclosed. (Minor traffic violation do not need to be disclosed.) <u>Proof of dismissal</u> : If you have obtained a dismissal of your sections 1203.4, 1203.4(a), or 1203.41, please submit a certified copy of the court order d	older under California Health ed. Convictions that were lat 3.4(a), or 1203.41 of the Califo ons resulting in a fine of \$300.00 conviction(s) pursuant to Pena	er ornia) or less Code
	application. If YES, attach a signed detailed statement.	. 🗋 YES	
15.	Is any criminal action pending against you, or are you currently awaiting judgment a	and sentencing following entr	yofa
	plea or jury verdict?		
10	If YES, attach a signed detailed statement.	T YES	
	Are you currently in the United States Military? Are you married to, or in a domestic partnership or other legal union with, an active Forces of the United States who is assigned to a duty station in this state under off orders?	e duty member of the Armed	
	Have you ever served in the United States Military?		
19,	Have you ever been found guilty of any violation or any provision of the Structural F		5 🗌 NO
	If YES, attach a signed detailed statement. e information on this application is required pursuant to Section 8560 and following of the prmation requested in this application is mandatory, none is voluntary. Failure to provide any	e Business and Professions C	ode. All
the rec age rigi	application being rejected as incomplete. The information you furnish will be used to deter uirements for which you are applying. The information you provide may be transferred to deter encies and may be disclosed upon a Public Records Act request made pursuant to Section 62 and of access to records maintained by this agency which contain personal information ab prmation Practices Act. (§1798 et. seq of the Civil Code) The information is maintained by ergreen Street, Suite 1500, Sacramento, CA 95815-3831; telephone 916/561-8704. The F	rmine whether you do or do not other governmental and law enf 250 of the Government Code. Y out you subject to the provisio the Structural Pest Control Bo	meet the orcement ou have a ns of the ard, 2005
Εv	cords.		
Ev Re	CERTIFIED TRUE STATEMENT		
Eve Re I ce ma the		formation on this application ma	entations y result in
Eve Re I ce ma the Pe	CERTIFIED TRUE STATEMENT ertify under penalty of perjury under the laws of the State of California to the truth and accura de in this application, including all statements attached hereto. I understand that falsifying in denial of this application. I certify that I am at least eighteen years of age and have read ar	formation on this application ma	entations y result in
Eve Re I ce ma the Pe	CERTIFIED TRUE STATEMENT ertify under penalty of perjury under the laws of the State of California to the truth and accura de in this application, including all statements attached hereto. I understand that falsifying in denial of this application. I certify that I am at least eighteen years of age and have read ar rsonal Information."	formation on this application ma nd understand the "Notice of Co	entations y result in

NOTICE ON COLLECTION OF PERSONAL INFORMATION

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STATE OF CALIFORNIA-STATE AND CONSUMER SERVICES AGENCY PETE WILSON, Governor STRUCTURAL PEST CONTROL BOARD 1422 HOWE AVENUE, SACRAMENTO, CA 95825-3280 Consumer Telephone Numbers: (800) 737-8188 Allairs Administration Unit (916) 263-2540 Examination/Licensing/Records-Storage (916) 263-2544 Complaint Unit (916) 263-2533 **ARPLICATOR EXAMINATION** NO.____ Fee: \$15 I CERTIFY UNDER PENALTY OF PERJURY THAT THIS I CERTIFY UNDER PENALTY OF PERJURY TNAT THIS EXAMINATION WAS GIVEN IN ACCORDANCE WITH EXAMINATION WAS TAKEN IN ACCORDANCE WITH THE PROCEDURES SPECIFIED BY THE STRUCTURAL PEST PROCEDURES SPECIFIED BY THE STRUCTURAL PEST CONTROL BOARD. CONTROL BOARD. Signature of Examinee ignature of Proctor Date Date Failure to complete the information below may result in delayed issuance of Social Security Number your applicator license. Residence Please indicate which address you wish to use for mailing purposes: · Business NAME OF EXAMINEE (Middle) (Lost) EXAM. NO. RESIDENCE ADDRESS OF EXAMINEE State ZIP Code GRADE NAME OF COMPANY ADDRESS OF COMPANY . City ZIP Code State PETE WILSON, Governor AFTER COMPLETION OF THIS EXAMINATION, STATE OF CALIFORNIA RETURN THIS TO: STRUCTURAL PEST CONTRONBOARD Structural Pest Control Board Affairs 1422 Howe Avenue, . 1422 HOWE AVENUE SACRAMENTO, CA \$5825-3280 Sacramento, CA /95825-3280 THIS IS A TEMPORARY APPLICATOR LICENSE ISSUED TO THE UNDERSIGNED NOTE: IF A PASSING GRADE OF 70% WHICH IS VALID FOR 30 DAYS FROM THE S ATTAINED, THE APPLICATOR DATE BELOW. MUST SIGN, DATE, AND RETAIN THIS TEMPORARY LICENSE. NAME OF APPLICATOR DATE OF EXAMINATION