



SUBJECT MATTER EXPERT INTEREST FORM

LICENSEE CONTACT INFORMATION				
First Name	Last Name	<input type="checkbox"/> RA <input type="checkbox"/> FR <input type="checkbox"/> OPR		
		License No.		
Company Name				
Home Address		City	State CA	Zip Code
Phone Number		Email Address		
PLEASE SELECT WHICH WORKSHOP(S) YOU ARE INTERESTED IN				
<input type="checkbox"/>	OPR Branch 2 – April 30, 2025 - May 2, 2025 (Sacramento)			
<input type="checkbox"/>	FR Branch 2 – May 14-16, 2025 (Sacramento)			
<input type="checkbox"/>	OPR & FR Branch 3 – May 28-30, 2025 (Virtually)			
PRELIMINARY QUESTIONNAIRE				
1. Are you actively working in the industry?			<input type="checkbox"/> YES	<input type="checkbox"/> NO
2. Are you an approved continuing education instructor?			<input type="checkbox"/> YES	<input type="checkbox"/> NO
3. Are you a trainer/instructor for a pest control company?			<input type="checkbox"/> YES*	<input type="checkbox"/> NO
*If you answered yes to question 3, please explain the type of training you provide:				

Please email your completed form to: SPCBWorkshops@dca.ca.gov

You may also call the SPCB directly at (916) 561-8700 should you have any questions regarding these workshops.