

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will be retained by the board; provided, however, that the board may at its discretion permit such documents to be withdrawn upon substitution of a true copy.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 114.5, 115.5, 480, 8560-8566 and 8674, Business and Professions Code. Sections 11361.5 and 11361.7 Health and Safety Code.

(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will be retained by the board; provided, however, that the board may at its discretion permit such documents to be withdrawn upon substitution of a true copy.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 114.5, 115.5, 480, 8610 and 8674, Business and Professions Code. Sections 11361.5 and 11361.7 Health and Safety Code.

(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 5/05 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

10-11-2016

Date



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.**

<u>FOR BOARD USE ONLY</u>	
ATS No.	_____
Cashiering No.	_____
Checked By	_____
Effective Date	_____
License No.	_____
Branch	_____
Class Code	_____

Business & Professions Code Section 8562

1. Check the branch(es) you are applying for: <input type="checkbox"/> Branch 1 – Fumigation <input type="checkbox"/> Branch 2 – General Pest <input type="checkbox"/> Branch 3 – Termite	
2. Check the type of Operator's License to be issued: <input type="checkbox"/> Inactive License <input type="checkbox"/> Employee of a Company <input type="checkbox"/> Qualifying Manager	
3. Date of Birth: _____	4. Driver's License or California Identification No.: _____
5. Social Security Number or Individual Tax Identification Number: _____ Disclosure of your Social Security Number (SSN) or Individual Tax Identification Number (ITIN) is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 (42 U.S.C.A. 405(c)(2)(C)) authorize collection of your SSN or ITIN. Your SSN or ITIN will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with Family Code Section 17520, or for verification of licensure or examination status by a licensing or examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your SSN or ITIN, your application for initial license will not be processed AND you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.	
6. Name of Applicant: _____ <small>(First) (Middle) (Last)</small>	
Residence Address: _____ <small>(Building Number) (Street Name) (Unit Number)</small> (City) (State) (Zip)	Telephone Number: ()
Mailing Address: _____ <small>(Building Number) (Street Name) (Unit Number)</small> (City) (State) (Zip)	Email Address (optional): _____
7. Employer: _____	
Employer's Address: _____ <small>(Building Number) (Street Name) (Unit Number)</small> (City) (State) (Zip)	Telephone Number: ()

8.	Are you presently licensed or have you previously been licensed as a structural pest control applicator, field representative, or operator in the State of California?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	If YES, state license number(s): _____	
9.	Give the name and address of individuals and businesses with whom you have been associated in the pest control business 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?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	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?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	If YES, by whom and in what capacity? _____	
12.	Have you ever had a professional or vocational license refused, denied, suspended or revoked by this or any other State agency?	<input type="checkbox"/> YES <input type="checkbox"/> 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 licenses?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	If YES, attach a signed detailed statement.	
14.	Have you ever been associated with any person, partnership or corporation, whose professional or vocational license was refused, denied, suspended or revoked by this or any other State agency?	<input type="checkbox"/> YES <input type="checkbox"/> 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 States or a foreign country? This includes every citation, infraction, misdemeanor and/or felony, including traffic violations. NOTE: Convictions that were adjudicated in the juvenile court or convictions two years or older under California Health and Safety Code sections 11357(b), (c), (d), (e) or section 11360(b) should NOT be reported. Convictions that were later expunged from the records of the court or set aside pursuant to section 1203.4, 1203.4(a), or 1203.41 of the California Penal Code or equivalent non-California law MUST be disclosed. (Minor traffic violations resulting in a fine of \$300.00 or less do not need to be disclosed.) <i>Proof of dismissal:</i> If you have obtained a dismissal of your conviction(s) pursuant to Penal Code sections 1203.4, 1203.4(a), or 1203.41, please submit a certified copy of the court order dismissing the conviction(s) with your application.	
		<input type="checkbox"/> YES <input type="checkbox"/> NO
	If YES, attach a signed detailed statement.	
16.	Is any criminal action pending against you, or are you currently awaiting judgment and sentencing following entry of a plea or jury verdict?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	If YES, attach a signed detailed statement.	
17.	Are you currently in the United States Military?	<input type="checkbox"/> YES <input type="checkbox"/> NO
18.	Have you ever served in the United States Military?	<input type="checkbox"/> YES <input type="checkbox"/> NO
19.	Are you married to, or in a domestic partnership or other legal union with, an active duty member of the Armed Forces of the United States who is assigned to a duty station in this state under official active duty military orders?	<input type="checkbox"/> YES <input type="checkbox"/> NO
20.	Have you ever been found guilty of any violation or any provision of the Structural Pest Control Act?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	If YES, attach a signed detailed statement.	

21. EXPERIENCE -- Submit all actual compensated structural pest control experience gained while in the employ of a company registered in the State of California. Experience must be certified on a CERTIFICATE OF EXPERIENCE FORM. Attach Certificate of Experience Form(s) to this application.

Time Period		Employer and Address	Description of duties performed
From	To		

22. EQUIVALENT EXPERIENCE/TRAINING - Submit all experience/training which you believe is equivalent to experience/training gained while in the employ of a pest control company. Such activities can include but are not limited to military service, structural pest control related occupations or any other related activity.

Time Period		Employer and Address	Description of duties performed
From	To		

23. OUT OF STATE EXPERIENCE -- Out of state experience will be evaluated as to the equivalency of experience under a structural pest control company registered to do business in the State of California.

State in which you gained experience: _____

Do you hold a license issued by that State? If YES, you must have a certified license history sent to the California Structural Pest Control Board from that state's licensing agency as well as a copy of that State's Rules and Regulations.

List in chronological order all structural pest control experience gained out of state. Experience must be certified by employer. Attach certification of experience to this application.

Time Period		Employer and Address	Description of duties performed
From	To		

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. I certify that I am at least eighteen years of age and have read and understand the "Notice of Collection of Personal Information."

Original Signature

Date

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.

STATE OF CALIFORNIA—STATE AND CONSUMER SERVICES AGENCY

GEORGE DEUKERMAN, Governor



STRUCTURAL PEST CONTROL BOARD

1430 HOWE AVENUE, SACRAMENTO, CA 95833

Telephone Numbers:

Administration Unit (916) 924-2291

Examination/Licensing/Records Storage (916) 924-2294

Complaint Unit (916) 920-8323



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 name style has been approved by the Board, complete pages 3 and 4 and return it with the required fee, the certificate of insurance form and the licensee's bond 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 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 copy of fictitious name filing from county recorder's office.

Application for
OPERATOR'S LICENSE

Fee \$120.00
 (Remit by money order, cashier's, personal or certified check payable to the Structural Pest Control Board.)

FOR BOARD USE ONLY	
CARDING NUMBER	ADMIT NUMBER
EXAMINED BY	EXPIRES DATE
EXPIRES MONTH	REMARKS

PLEASE PRINT OR TYPE

1. Check branch in which you are applying for license:

- Branch 1—The practice relating to the control of household and wood-destroying pests or organisms by fumigation with poisonous or lethal gases.
- Branch 2—The practice relating to the control of household pests, excluding fumigation with poisonous or lethal gases.
- Branch 3—The practice relating to the control of wood-destroying pests or organisms 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:

(CITY)

(STATE)

(ZIP)

Telephone Number:
 Area Code ()

Mailing Address:

(CITY)

(STATE)

(ZIP)

Date you passed examination:

Employer

Address of Employer's Principal Office:

(CITY)

(STATE)

(ZIP)

Telephone Number:
 Area Code ()

4. Section 30 of the Business and Professions Code and Public Law 94-455 (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 enforcement purposes. If you fail to disclose your SSN, you will be reported to the Franchise Tax Board, which may assess a \$100.00 penalty against you.

Social Security Number:



APPLICATION FOR FIELD REPRESENTATIVE'S LICENSE

LICENSE FEE: \$ 30

(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.**

<u>FOR BOARD USE ONLY</u>	
ATS No.	_____
Cashiering No.	_____
Checked By	_____
Effective Date	_____
License No.	_____
Branch	_____
Class Code	_____

Business & Professions Code Section 8564

1. Check the branch(es) you are applying for:		
<input type="checkbox"/> Branch 1 – Fumigation	<input type="checkbox"/> Branch 2 – General Pest	<input type="checkbox"/> Branch 3 – Termite
2. Check the type of Field Representative's License to be issued:		
<input type="checkbox"/> Inactive License	<input type="checkbox"/> Employee of a Company	
3. Date of Birth:	4. Driver's License <u>or California Identification</u> No.:	
_____	_____	
5. Social Security Number or Individual Tax Identification Number: _____		
<p>Disclosure of your Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN) is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 (42 U.S.C.A. 405(c)(2)(C)) authorize collection of your SSN or ITIN. Your SSN or ITIN will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with Family Code Section 17520, or for verification of licensure or examination status by a licensing or examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your SSN or ITIN, your application for initial license will not be processed AND you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.</p>		
6. Name of Applicant: (First) _____ (Middle) _____ (Last) _____		
Residence Address: (Building Number) _____ (Street Name) _____ (Unit Number) _____		Telephone Number: _____
(City) _____ (State) _____ (Zip) _____	() _____	
Mailing Address: (Building Number) _____ (Street Name) _____ (Unit Number) _____		Email Address (optional): _____
(City) _____ (State) _____ (Zip) _____	_____	
7. Employer:		
Employer's Address: (Building Number) _____ (Street Name) _____ (Unit Number) _____		Telephone Number: _____
(City) _____ (State) _____ (Zip) _____	() _____	

8. Previous Employer:	
Previous Employer's Address:	Telephone Number: Area Code ()
<p>9. Are you presently licensed or have you previously been licensed as a structural pest control applicator, field representative, or operator in the State of California?</p> <p style="text-align: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If YES, state license number(s): _____</p>	
<p>10. Give the name and address of individuals and businesses with whom you have been associated in the pest control business as partners or business associates in the last five years:</p> <p>_____</p> <p>_____</p>	
<p>11. Are you now or have you ever been licensed to do structural pest control in another State?</p> <p style="text-align: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If YES, provide the name of the State and your license number _____</p> <p>Type of License _____</p> <p>Name license issued under _____</p>	
<p>12. Are you at the present time employed or engaged in the structural pest control business?</p> <p style="text-align: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If YES, by whom and in what capacity? _____</p>	
<p>13. Have you ever had a professional or vocational license refused, denied, suspended or revoked by this or any other State agency?</p> <p style="text-align: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If YES, attach a signed detailed statement.</p>	
<p>14. Do you have any pending disciplinary action against you in regards to any professional or vocational license?</p> <p style="text-align: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If YES, attach a signed detailed statement.</p>	
<p>15. Have you ever been connected with any person, partnership or corporation, whose professional or vocational license was refused, denied, suspended or revoked by this or any other State agency?</p> <p style="text-align: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If YES, attach a signed detailed statement.</p>	
<p>16. Have you ever been convicted of, or plead guilty or nolo contendere to ANY offense in the United States or a foreign country? This includes every citation, infraction, misdemeanor and/or felony, including traffic violations. NOTE: Convictions that were adjudicated in the juvenile court or convictions two years or older under California Health and Safety Code sections 11357(b), (c), (d), (e) or section 11360(b) should NOT be reported. Convictions that were later expunged from the records of the court or set aside pursuant to section 1203.4, 1203.4(a), or 1203.41 of the California Penal Code or equivalent non-California law MUST be disclosed. (Minor traffic violations resulting in a fine of \$300.00 or less do not need to be disclosed.) <i>Proof of dismissal:</i> If you have obtained a dismissal of your conviction(s) pursuant to Penal Code sections 1203.4, 1203.4(a), or 1203.41, please submit a certified copy of the court order dismissing the conviction(s) with your application.</p> <p style="text-align: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If YES, attach a signed detailed statement.</p>	
<p>17. Is any criminal action pending against you, or are you currently awaiting judgment and sentencing following entry of a plea or jury verdict?</p> <p style="text-align: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If YES, attach a signed detailed statement.</p>	
<p>18. Have you ever been found guilty of any violation or any provision of the Structural Pest Control Act?</p> <p style="text-align: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If YES, attach a signed detailed statement.</p>	

19. EXPERIENCE -- Submit all actual compensated structural pest control experience gained while in the employ of a company registered in the State of California. Experience must be certified on a CERTIFICATE OF EXPERIENCE FORM. Attach Certificate of Experience Form(s) to this application.

Time Period		Employer and Address	Description of duties performed
From	To		

20. EQUIVALENT EXPERIENCE/TRAINING - Submit all experience/training which you believe is equivalent to experience/training gained while in the employ of a pest control company. Such activities can include, but are not limited to, military service, structural pest control related occupations or any other related activity.

Time Period		Employer and Address	Description of duties performed
From	To		

21. OUT OF STATE EXPERIENCE -- Out of state experience will be evaluated as to the equivalency of experience under a structural pest control company registered to do business in the State of California.

State in which you gained experience: _____

Do you hold a license issued by that State? If YES, you must have a certified license history sent to the California Structural Pest Control Board from that state's licensing agency as well as a copy of that State's Rules and Regulations.

List in chronological order all structural pest control experience gained out of state. Experience must be certified by employer.

Attach certification of experience to this application.

Time Period		Employer and Address	Description of duties performed
From	To		

22. Are you currently in the United States Military? YES NO

23. Have you ever served in the United States Military? YES NO

24. Are you married to, or in a domestic partnership or other legal union with, an active duty member of the Armed Forces of the United States who is assigned to a duty station in this state under official active duty military orders? YES NO

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. I certify that I am at least eighteen years of age and have read and understand the "Notice of Collection of Personal Information."

Original Signature

Date

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.

STATE OF CALIFORNIA—STATE AND CONSUMER SERVICES AGENCY

GEORGE DEUKMEJIAN, Governor



STRUCTURAL PEST CONTROL BOARD

1422 HOWE AVENUE, SACRAMENTO, CA 95825-3280

Telephone Numbers:

Administration Unit (916) 924-2291

Examination/Licensing/Records/Storage (916) 924-2294

Complaint Unit (916) 920-6323



APPLICATION FOR FIELD REPRESENTATIVE'S LICENSE
Bus. & Prof. Code 8564

Complete this application for Field Representative's License. Section 8563 of the Business & Professions Code states that WITHIN ONE YEAR after the individual passes the examination and if the applicant qualifies for a field representative's license, the board shall issue to him/her a field representative's license. 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.

FOR BOARD USE ONLY

Cashiering No
Audit No
Checked By
Eff. Date
License No
Branch

FEE \$30

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

Please Print or Type

1. Check branch you are applying for:

- [] Branch 1 Fumigation
[] Branch 2 General Pest
[] Branch 3 Termite
[] Branch 4 Roof Restoration

2. Check type of Field Representative's License to be issued:

- [] Inactive License
[] Employee of Company

3. Complete this Section

Full Name of Applicant

Residence Address

Telephone Number

(City)

(State)

(Zip)

Area Code ()

Employer (Official Address of Record)

Address of Employer's Principal Office

Telephone Number

Area Code ()

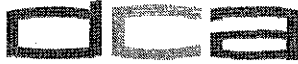
Section 30 of the Business & Professions Code and Public Law 94-455 (42 U.S.C.A. 405(c) (2) (C) authorize collection of your social security number (SSN). Disclosure of your social security number is mandatory. The information will be used exclusively for tax enforcement purposes. If you fail to disclose your SSN, you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you. PLEASE FILL IN YOUR SSN. SOCIAL SECURITY NO.:

Please indicate which address you wish to use for mailing purposes:

- [] Residence [] Business

43L-14 (Rev. 8/90)

4. Are you presently licensed or have you previously been licensed as a structural pest control operator or field representative in the State of California?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
If YES, state license number(s) _____			
5. Are you now or have you ever been licensed to do structural pest control in another state?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
If YES, show State issuing license _____ Type of License and number _____ Name licensed under _____			
6. Are you at the present time employed or engaged in the structural pest control business?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
If YES, by whom and in what capacity? _____			
7. Have you had a professional or vocational license refused, suspended or revoked by this or any other State? If YES, attach a signed detailed statement.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
8. Have you been convicted of a felony within the previous five years or misdemeanor other than violation of traffic laws?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
If YES, attach signed detailed statement.			
9. Have you ever committed or been found guilty of any violation of the provisions of the Structural Pest Control Act?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
If YES, attach a signed, detailed statement.			
10. The information on this application is required pursuant to Section 8500 to 8697.5 inclusive of the Business and Professions Code. The information is maintained by the Structural Pest Control Board, Examination/Licensing Unit, 1422 Howe Avenue, Sacramento, CA 95825-3280; telephone (916)924-2294. 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 field representative license requirements. Your completed application becomes confidential information which is used by authorized personnel of the board, and which may be transferred to other governmental agencies. The application cannot be returned to you but may gain access to the document by contacting the board's registrar.			
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. I certify that I am at least eighteen years of age.			
Signature of Applicant _____			Date _____

**STRUCTURAL PEST CONTROL BOARD-LICENSING UNIT**

2005 EVERGREEN STREET, STE. 1500 SACRAMENTO, CA 95815

P 916-561-8704 | F 916-263-2469 | WWW.PESTBOARD.CA.GOV

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)

APPLICATION FOR REGISTRATION OF COMPANY

Business and Professions Code Section 8610

FEE: \$120

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

There is no fee for upgrading.

Check branch(es) in which you are applying for registration.

Branch 1 **Branch 2** **Branch 3**
 Fumigation General Pest Termite

FOR BOARD USE ONLY	
ATS No.	
Cashiering No.	
Bond	Insurance
Art. of Inc./fictitious business name	
Branch	Class Code
Registration No.	
Date Issued	Checked By

- Application must be accompanied by a Registration Fee of \$120.00.
- Each question must be fully and truthfully answered. Attach sheets to this application wherever so directed or when space provided is not sufficient.
- Each question must be answered as applying to all members of partnership or qualifying officers of a corporation and shareholders with 10% ownership or more in a corporation.
- Any material misrepresentation is grounds for refusal or subsequent revocation of a license.

1. FIRM NAME by which registration is to be issued:				
2. Address of principal place of business:		City	State	Zip
Mailing address:		City	State	Zip
		Email Address		
3. Telephone number:				
4. Doing Business As: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation				
5. Principal office is located in: <input type="checkbox"/> Commercial Building <input type="checkbox"/> Residence				
6. Is principal office clearly marked or to be marked by a sign designating the business? <input type="checkbox"/> YES <input type="checkbox"/> NO				
7. Are there shareholders of this company with 10% ownership or more? <input type="checkbox"/> YES <input type="checkbox"/> NO				
If YES, list shareholders below and percentage of ownership.				
8. Give FULL NAME, Title & Address of individual owner, qualifying manager, partners, all officers of corporation, and shareholders with percentage of ownership:				
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)

9. **Social Security Number:** _____ **Federal Employee ID Number:** _____

Disclosure of your Social Security Number (SSN)(or federal employer identification number ("FEIN"), if you are a partnership) is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 (42 USCA 405(c)(2)(C)) authorize collection of your SSN. Your SSN or FEIN will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment order for family support in accordance with Family Code Section 17520, or for verification of licensure or examination status by a licensing or examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your SSN or your FEIN, your application for initial or renewal license will not be processed AND you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against 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: <hr style="border: 0; border-top: 1px solid black; margin-top: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-top: 5px;"/>	
11.	Are you, or any of you, at the present time employed or engaged in the structural pest control business? <input type="checkbox"/> YES <input type="checkbox"/> NO 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 or revoked by this or any other State agency? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, attach a signed detailed statement.	
13.	Have you, or any of you, ever been associated with any person, partnership or corporation, whose professional or vocational license was refused, denied, suspended or revoked by this or any other State agency? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, attach a signed detailed statement.	
14.	Do you, or any of you, have any pending disciplinary action(s) against you, or any of you, by any State agency in regards to any professional or vocational license? <input type="checkbox"/> YES <input type="checkbox"/> NO 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, who has had a pest control license revoked or suspended, or application refused by this or any other State? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, attach a signed detailed statement.	
16.	Have you, or any of you, ever been convicted of, or plead guilty or nolo contendere to ANY offense in the United States or a foreign country? This includes every citation, infraction, misdemeanor and/or felony, including traffic violations. NOTE: Convictions that were adjudicated in the juvenile court or convictions two years or older under California Health and Safety Code sections 11357(b), (c), (d), (e) or section 11360(b) should NOT be reported. Convictions that were later expunged from the records of the court or set aside pursuant to section 1203.4 of the California Penal Code or equivalent non-California law MUST be disclosed. (Minor traffic violations resulting in a fine of \$300.00 or less do not need to be disclosed.) <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, attach a signed detailed statement.	
17.	Is any criminal action pending against you, or any of you, or are you, or any of you, currently awaiting judgment and sentencing following entry of a plea or jury verdict? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, attach a signed detailed statement.	
18.	Are you, or any of you, currently in the United States Military? <input type="checkbox"/> YES <input type="checkbox"/> NO	
19.	Have you, or any of you, ever served in the United States Military? <input type="checkbox"/> YES <input type="checkbox"/> NO	
20.	Are you, or any of you, married to, or in a domestic partnership or other legal union with, an active duty member of the Armed Forces of the United States who is assigned to a duty station in this state under official active duty military orders? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, attached a signed statement as to which individual(s) listed in question 8 is married to an active duty member of the Armed Forces of the United States who is assigned to a duty station in this state under official active duty military orders.	
21.	Have you, or any of you, ever been found guilty of any violation or any provision of the Structural Pest Control Act? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, attach a signed detailed statement.	

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

Printed Name

Title

Date

A sole owner must sign this application personally. A partnership application must be signed by each partner. A corporate application must be signed by all officers of a corporation and shareholders with 10% or more ownership in a corporation.
Each Qualifying Manager must also sign this application.

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.

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.

Application for REGISTRATION OF COMPANY

Fee: \$120.00

Check branch or branches in which you are applying for registration:

Branch 1 Fumigation () Branch 2 General Pest () Branch 3 Termites ()

FOR BOARD USE ONLY	
CASHING NUMBER	AUDIT NUMBER
CHECKED BY	EXPIRES DATE
REGISTRATION NUMBER	BRANCH
BOND AND INSURANCE	INT. OF INC.

INSTRUCTIONS--

1. Each application must be complete.
2. Each question must be fully and truthfully answered. Attach sheets to this form wherever so ordered or where space provided for the answer is not sufficient.
3. Each question must be answered as applying to all members of copartnership or qualifying officers of corporation.
4. Any material misrepresentation is grounds for refusal or subsequent revocation of a license.
5. Any material misrepresentation is grounds for refusal or subsequent revocation of a license.

PLEASE PRINT OR TYPE

1. FIRM NAME by which registration is to be issued:			
2. Address of principal place of business:		(Number and Street)	(City) (State) (Zip Code)
3. Doing business as: Individual () Copartnership () Corporation ()	Principal office is located in: Commercial Building () Residence ()	Is principal office clearly marked or to be marked by a sign designating the business? YES () NO ()	
4. Give FULL NAME, Title, and Address of individual owner, qualifying manager, partner or all officers of corporation:			
NAME (DO NOT USE INITIALS) (PLEASE PRINT)	LICENSE NO. (IF ANY)	TITLE OR POSITION	RESIDENCE ADDRESS (IF APPLICABLE, ALSO NAME OF BAR OR DISTRICT)
5. Section 50 of the Business and Professions Code and Public Law 94-455 (42 U.S.C.A. 405 (c) (2) (C) authorize collection of a federal employer identification number (FEIN) (for partnerships) or your social security number (SSN) (for all others). Corporations are exempt. Disclosure of your social security number/federal employer identification number is mandatory. The information will be used exclusively for tax enforcement purposes. If you fail to disclose your SSN/FEIN, you will be reported to the Franchise Tax Board, which may assess a \$100.00 penalty against you.			Social Security Number
			Federal Employer ID Number

The information on this application is required pursuant to Section 8500 and 8697.5 inclusive of the Business and Professions Code. The information is maintained by the Structural Pest Control Board, Examination/Licensing Unit, 1430 Howe Avenue, Sacramento, CA 95825; telephone (916) 924-3294. 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 the license for which you are applying. It may be transferred to other law enforcement agencies. You have a right of access to records maintained by this agency which contain 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 manager.

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	TITLE	DATE

1. Give the name and address of the persons with whom you have been associated in the pest control business as partners or business associates in the last five years.

2. Are you, or any of you, at the present time employed or engaged in the pest control business? YES () NO ()
If so, by whom and in what capacity?

3. Have you, or any of you, had a professional or vocational license refused, suspended or revoked by this or any other State? YES () NO ()
(If so, attach signed detailed statement.)

4. Have you, or any of you, been connected with any person, copartnership or corporation, whose professional or vocational license was refused, suspended or revoked by this or any other State? YES () NO ()
(If so, attach signed detailed statement.)

5. Will any individual, not listed above as an officer or partner, be connected in any capacity with you, who has had a pest control license revoked or suspended, or application refused by this or any other State? YES () NO ()
(If so, attach signed detailed statement.)

6. Have you, or any of you, been convicted of a felony within the previous five years or misdemeanor other than violation of traffic laws? YES () NO ()
(If so, attach signed detailed statement.)

7. Have you, or any of you, within the past three years, been guilty of any violation or any provision of the Structural Pest Control Act? YES () NO ()
(If so, attach signed detailed statement.)



APPLICATION FOR APPLICATOR'S LICENSE

LICENSE FEE: \$ 10

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

- 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.**

FOR BOARD USE 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: (First) _____ (Middle) _____ (Last) _____		
2. Residence Address: (Building Number) _____ (Street Name) _____ (Unit Number) _____		Telephone Number: () _____
(City) _____ (State) _____ (Zip) _____		Email Address (optional): _____
Mailing Address: (Building Number) _____ (Street Name) _____ (Unit Number) _____		
(City) _____ (State) _____ (Zip) _____		
3. Employer:		
Employer's Address: (Building Number) _____ (Street Name) _____ (Unit Number) _____		Telephone Number: () _____
(City) _____ (State) _____ (Zip) _____		
4. Date of Birth: _____	5. Driver's License or <u>California Identification</u> No.: _____	
6. Social Security Number or Individual Tax Identification Number: _____		
<p>Disclosure of your Social Security Number (SSN) or Individual Tax Identification Number (ITIN) is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 (42 U.S.C.A. 405(c)(2)(C)) authorize collection of your SSN or ITIN. Your SSN or ITIN will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with Family Code Section 17520, or for verification of licensure or examination status by a licensing or examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your SSN or ITIN, your application for initial license will not be processed AND you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.</p>		
7. Are you 18 years of age or older? <input type="checkbox"/> YES <input type="checkbox"/> NO		
8. Are you presently licensed or have you previously been licensed as a structural pest control applicator, field representative, or operator or equivalent in this or any other state? <input type="checkbox"/> YES <input type="checkbox"/> NO		
If YES, state license number(s): _____		

9. Give the name and address of individuals and businesses with whom you have been associated in the pest control business as partners or business associates in the last five years:

10. Are you at the present time employed or engaged in the structural pest control business? YES NO

If YES, by whom and in what capacity? _____

11. Have you ever had a professional or vocational license refused, denied, suspended or revoked by this or any other State agency? YES NO

If YES, attach a signed detailed statement.

12. Do you have any pending disciplinary actions against you in regards to any professional or vocational licenses? YES NO

If YES, attach a signed detailed statement.

13. Have you ever been connected with any person, partnership or corporation, whose professional or vocational license was refused, denied, suspended or revoked by this or any other State agency? YES NO

If YES, attach a signed detailed statement.

14. Have you ever been convicted of, or plead guilty or nolo contendere to ANY offense in the United States or a foreign country? This includes every citation, infraction, misdemeanor and/or felony, including traffic violations. NOTE: Convictions that were adjudicated in the juvenile court or convictions two years or older under California Health and Safety Code sections 11357(b), (c), (d), (e) or section 11360(b) should NOT be reported. Convictions that were later expunged from the records of the court or set aside pursuant to section 1203.4, 1203.4(a), or 1203.41 of the California Penal Code or equivalent non-California law MUST be disclosed. (Minor traffic violations resulting in a fine of \$300.00 or less do not need to be disclosed.) Proof of dismissal: If you have obtained a dismissal of your conviction(s) pursuant to Penal Code sections 1203.4, 1203.4(a), or 1203.41, please submit a certified copy of the court order dismissing the conviction(s) with your application. YES NO

If YES, attach a signed detailed statement.

15. Is any criminal action pending against you, or are you currently awaiting judgment and sentencing following entry of a plea or jury verdict? YES NO

If YES, attach a signed detailed statement.

16. Are you currently in the United States Military? YES NO

17. Are you married to, or in a domestic partnership or other legal union with, an active duty member of the Armed Forces of the United States who is assigned to a duty station in this state under official active duty military orders? YES NO

18. Have you ever served in the United States Military? YES NO

19. Have you ever been found guilty of any violation or any provision of the Structural Pest Control Act? YES NO

If YES, attach a signed detailed statement.

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. I certify that I am at least eighteen years of age and have read and understand the "Notice of Collection of Personal Information."

Original Signature	Date
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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 8564.6, California Code of Regulations Section 1936.2 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.



STRUCTURAL PEST CONTROL BOARD

1422 HOWE AVENUE, SACRAMENTO, CA 95825-3280

Telephone Numbers: (800) 737-8188

Administration Unit (916) 263-2540

Examination/Licensing/Records-Storage (916) 263-2544

Complaint Unit (916) 263-2533



APPLICATOR EXAMINATION

NO. _____

Fee: \$15

I CERTIFY UNDER PENALTY OF PERJURY THAT THIS EXAMINATION WAS GIVEN IN ACCORDANCE WITH THE PROCEDURES SPECIFIED BY THE STRUCTURAL PEST CONTROL BOARD.

I CERTIFY UNDER PENALTY OF PERJURY THAT THIS EXAMINATION WAS TAKEN IN ACCORDANCE WITH PROCEDURES SPECIFIED BY THE STRUCTURAL PEST CONTROL BOARD.

Signature of Proctor

Date

Signature of Examinee

Date

Failure to complete the information below may result in delayed issuance of your applicator license.

Social Security Number

Please indicate which address you wish to use for mailing purposes: Residence Business

NAME OF EXAMINEE (First) (Middle) (Last) EXAM. NO.

RESIDENCE ADDRESS OF EXAMINEE City State ZIP Code

NAME OF COMPANY

ADDRESS OF COMPANY City State ZIP Code

GRADE _____ %

AFTER COMPLETION OF THIS EXAMINATION, RETURN THIS TO:

Structural Pest Control Board
1422 Howe Avenue
Sacramento, CA 95825-3280



STATE OF CALIFORNIA

STRUCTURAL PEST CONTROL BOARD

1422 HOWE AVENUE SACRAMENTO, CA 95825-3280

PETE WILSON, Governor



NOTE: IF A PASSING GRADE OF 70% IS ATTAINED, THE APPLICATOR MUST SIGN, DATE, AND RETAIN THIS TEMPORARY LICENSE.

THIS IS A TEMPORARY APPLICATOR LICENSE ISSUED TO THE UNDERSIGNED WHICH IS VALID FOR 30 DAYS FROM THE DATE BELOW.

NAME OF APPLICATOR

DATE OF EXAMINATION