

**State of California  
Office of Administrative Law**

**In re:**  
**Structural Pest Control Board**

**Regulatory Action:**

**Title 16, California Code of Regulations**

**Amend sections: 1936, 1936.2, 1948, 1997**

**NOTICE OF APPROVAL OF REGULATORY  
ACTION**

**Government Code Section 11349.3**

**OAL Matter Number: 2025-0326-02**

**OAL Matter Type: Regular (S)**

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This action by the Structural Pest Control Board increases fees for examinations, licensure, licensure renewal, and wood-destroying pests and organisms (WDO) activity reporting per property address and updates three incorporated application forms.

OAL approves this regulatory action pursuant to section 11349.3 of the Government Code. This regulatory action becomes effective on July 1, 2025.

**Date: May 8, 2025**



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Nicole C. Carrillo  
Senior Attorney

**For: Kenneth J. Pogue  
Director**

**Original: Sophia Azar, Executive Officer  
Copy: Sophia Azar**

## NOTICE PUBLICATION/REGULATIONS SUBMISSION

STD. 400 (REV. 10/2019)

**REGULAR**(See instructions on  
reverse)

For use by Secretary of State only

OAL FILE NUMBERS	NOTICE FILE NUMBER <b>Z-2024-1231-07</b>	REGULATORY ACTION NUMBER <b>2025-0326-02</b>	EMERGENCY NUMBER
For use by Office of Administrative Law (OAL) only			
OFFICE OF ADMINISTRATIVE LAW  <b>Electronic Submission</b>		OFFICE OF ADMIN. LAW 2025 MAR 26 PM4:29	
REC'D DATE 12/31/2024		PUBLICATION DATE 01/10/2025	
NOTICE		REGULATIONS	
AGENCY WITH RULEMAKING AUTHORITY Structural Pest Control Board			

**ENDORSED - FILED**  
in the office of the Secretary of State  
of the State of California**MAY 08 2025**  
**2:01PM AB****A. PUBLICATION OF NOTICE (Complete for publication in Notice Register)**

1. SUBJECT OF NOTICE <b>Fees</b>		TITLE(S) <b>16</b>	FIRST SECTION AFFECTED <b>1936</b>	2. REQUESTED PUBLICATION DATE <b>January 10, 2025</b>
3. NOTICE TYPE <input checked="" type="checkbox"/> Notice re Proposed Regulatory Action <input type="checkbox"/> Other		4. AGENCY CONTACT PERSON <b>Sophia Azar</b>	TELEPHONE NUMBER <b>(279) 236-2502</b>	FAX NUMBER (Optional)
OAL USE ONLY	ACTION ON PROPOSED NOTICE <input type="checkbox"/> Approved as Submitted <input type="checkbox"/> Approved as Modified <input type="checkbox"/> Disapproved/Withdrawn		NOTICE REGISTER NUMBER <b>2025, 02-2</b>	PUBLICATION DATE <b>1/10/2025</b>

**B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)**

1a. SUBJECT OF REGULATION(S) <b>Fees</b>		1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S)	
2. SPECIFY CALIFORNIA CODE OF REGULATIONS TITLE(S) AND SECTION(S) (Including title 26, if toxics related)			
SECTION(S) AFFECTED (List all section number(s) individually. Attach additional sheet if needed.)	ADOPT		
	AMEND <b>1936, 1936.2, 1948, and 1997</b>		
TITLE(S) <b>16</b>	REPEAL		
3. TYPE OF FILING			
<input checked="" type="checkbox"/> Regular Rulemaking (Gov. Code §11346) <input type="checkbox"/> Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code §§11349.3, 11349.4) <input type="checkbox"/> Emergency (Gov. Code, §11346.1(b))			
<input type="checkbox"/> Certificate of Compliance: The agency officer named below certifies that this agency complied with the provisions of Gov. Code §§11346.2-11347.3 either before the emergency regulation was adopted or within the time period required by statute. <input type="checkbox"/> Resubmittal of disapproved or withdrawn emergency filing (Gov. Code, §11346.1)			
<input type="checkbox"/> Emergency Readopt (Gov. Code, §11346.1(h)) <input type="checkbox"/> File & Print <input type="checkbox"/> Other (Specify) _____			
<input type="checkbox"/> Changes Without Regulatory Effect (Cal. Code Regs., title 1, §100) <input type="checkbox"/> Print Only			
4. ALL BEGINNING AND ENDING DATES OF AVAILABILITY OF MODIFIED REGULATIONS AND/OR MATERIAL ADDED TO THE RULEMAKING FILE (Cal. Code Regs. title 1, §44 and Gov. Code §11347.1)			
5. EFFECTIVE DATE OF CHANGES (Gov. Code, §§ 11343.4, 11346.1(d); Cal. Code Regs., title 1, §100)			
<input checked="" type="checkbox"/> Effective January 1, April 1, July 1, or October 1 (Gov. Code §11343.4(a))			
<input type="checkbox"/> Effective on filing with Secretary of State <input type="checkbox"/> \$100 Changes Without Regulatory Effect <input type="checkbox"/> Effective other (Specify) _____			
6. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY			
<input checked="" type="checkbox"/> Department of Finance (Form STD. 399) (SAM §6660) <input type="checkbox"/> Fair Political Practices Commission <input type="checkbox"/> State Fire Marshal			
<input checked="" type="checkbox"/> Other (Specify) <b>Kimberly Kirchmeyer, Director, Department of Consumer Affairs</b>			
7. CONTACT PERSON, <b>Sophia Azar</b>	TELEPHONE NUMBER <b>(279) 236-2502</b>	FAX NUMBER (Optional)	E-MAIL ADDRESS (Optional) <b>sophia.azar@dca.ca.gov</b>

8. I certify that the attached copy of the regulation(s) is a true and correct copy of the regulation(s) identified on this form, that the information specified on this form is true and correct, and that I am the head of the agency taking this action, or a designee of the head of the agency, and am authorized to make this certification.

SIGNATURE OF AGENCY HEAD OR DESIGNEE

*Sophia Azar*  
Sophia Azar, Mar 25, 2025 09:53 PM

DATE

Mar 26, 2025

TYPED NAME AND TITLE OF SIGNATORY

Sophia Azar, Executive Officer, Structural Pest Control Board

For use by Office of Administrative Law (OAL) only

**ENDORSED APPROVED****MAY 08 2025****Office of Administrative Law**

DEPARTMENT OF CONSUMER AFFAIRS  
TITLE 16. STRUCTURAL PEST CONTROL BOARD

**PROPOSED TEXT**

**Fees**

**Legend:** Added text is indicated with an underline.

Deleted text is indicated by ~~strikeout~~.

**§ 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 Form 43L-1 (Rev. ~~7/2008~~2024) or Form 43L-14 (Rev. ~~7/2008~~2024), which are hereby incorporated by reference, and shall comply with every requirement shown thereon.

(2) Accompanied by the required license fee specified in section 1948, unless the applicant qualifies for a waiver in accordance with subsection (c) of this section.

(b) All documents filed in support of any application shall 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.

(c) The license fee referenced in paragraph (2) of subsection (a) shall be waived and the application shall be expedited if the applicant supplies proof of holding a current license or comparable authority to act as an operator or field representative in another state, district, or territory of the United States, and their spouse or domestic partner is an active-duty member of the Armed Forces of the United States and was assigned to a duty station in California under official active-duty military orders. "Proof" shall include supplying the following documentation with the application to receive application expedite and an initial license fee waiver per 115.5 of the code:

(1) Certificate of marriage or certified declaration/registration of domestic partnership filed with the California Secretary of State or other documentary evidence of legal union with an active-duty member of the Armed Forces of the United States,

(2) A copy of the applicant's current license to act as an operator or field representative in another state, district, or territory of the United States, and,

(3) A copy of the military orders establishing their spouse or partner's duty station in California.

NOTE: Authority cited: Section 8525, Business and Professions Code. Reference: Sections 27, 114.5, 115.4, 115.5, 135.4, 480, 8560-8566 and 8674, Business and Professions Code; and Sections 11361.5 and 11361.7, Health and Safety Code.

**§ 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 on Form 43L-21 (Rev. 7/2008/2024), which is hereby incorporated by reference, and shall comply with every requirement shown thereon.

(2) Accompanied by the required license fee specified in section 1948, unless the applicant qualifies for a waiver in accordance with subsection (c) of this section.

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

(c) The license fee referenced in paragraph (2) of subsection (a) shall be waived and the application shall be expedited if the applicant supplies proof of holding a current license or comparable authority to act as an applicator in another state, district, or territory of the United States, and their spouse or domestic partner is an active-duty member of the Armed Forces of the United States and was assigned to a duty station in California under official active-duty military orders. "Proof" shall include supplying the following documentation with the application to receive application expedite and an initial license fee waiver per 115.5 of the code:

(1) Certificate of marriage or certified declaration/registration of domestic partnership filed with the California Secretary of State or other documentary evidence of legal union with an active-duty member of the Armed Forces of the United States.

(2) A copy of the applicant's current license to act as an applicator in another state, district, or territory of the United States, and,

(3) A copy of the military orders establishing their spouse or partner's duty station in California.

NOTE: Authority cited: Section 8525, Business and Professions Code. Reference: Sections 27, 114.5, 115.4, 115.5, 135.4, 480, 8564.5 and 8564.6, Business and Professions Code; and Sections 11361.5 and 11361.7, Health and Safety Code.

## § 1948. Fees.

(a) Pursuant to the provisions of section 8674 of the code, the following fees are established:

(1) Duplicate license	\$ 2
(2) Change of licensee name	\$ 2
(3) Operator's examination	<del>\$ 65</del> <u>100</u>
(4) Operator's license	<del>\$120</del> <u>150</u>
(5) Renewal operator's license	<del>\$120</del> <u>150</u>
(6) Company office registration	\$120
(7) Branch office registration	\$ 60
(8) Field representative's examination	<del>\$ 50</del> <u>75</u>
(9) Field representative's license	<del>\$ 30</del> <u>45</u>
(10) Renewal field representative's license	<del>\$ 30</del> <u>45</u>
(11) Change of registered company's name	\$ 25
(12) Change of principal office address	\$ 25
(13) Change of branch office address	\$ 25
(14) Change of qualifying manager	\$ 25
(15) Change of registered company's officers	\$ 25
(16) Change of bond or insurance	\$ 25
(17) Continuing education provider	\$ 50
(18) Continuing education course approval	\$ 25
(19) Pesticides use report filing	\$ 6
(20) Applicator's License	

(21) Renewal applicator's license \$ 4035  
\$ 4035

(b) Pursuant to section 8564.5 of the code, the fee for examination for licensure as an applicator is ~~\$55.00~~ \$60.00 for each branch in which an examination is taken.

(c) Pursuant to section 8593 of the code, the fee for the continuing education examination for operators is \$65.00, for each branch in which an examination is taken.

(d) Pursuant to section 8593 of the code, the fee for the continuing education examination for field representatives is \$50.00, for each branch in which an examination is taken.

NOTE: Authority cited: Section 8525, Business and Professions Code. Reference: Sections 8564.5, 8593 and 8674, Business and Professions Code.

**§ 1997. WDO Inspection and Completion Activity Fee.**

Pursuant to the provisions of section 8674 of the Business and Professions Code, the following fee is determined, set and established:

(4a) The Activity Reporting fee per Property Address is ~~\$4.00~~ \$5.00.

NOTE: Authority cited: Sections 8525 and 8674, Business and Professions Code. Reference: Sections 8518 and 8674, Business and Professions Code.



BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR  
DEPARTMENT OF CONSUMER AFFAIRS • STRUCTURAL PEST CONTROL BOARD  
2005 Evergreen St., Suite 1500, Sacramento, CA 95815  
P (916) 561-8704 | F (916) 263-2469 | www.pestboard.ca.gov



[note: font changed from Arial to Century Gothic]

## APPLICATION FOR APPLICATOR'S LICENSE

**LICENSE FEE \$1035 (unless waived, see question No. 21)**

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

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

**IMPORTANT:** Applicants applying for an original applicator license shall pass the SPCB'S California Branch 2 or 3 Applicator Examination required by Business and Professions Code (BPC) section 8564.5 prior to submission of this application. Failure to comply with these requirements will result in rejection of this application.

- Each question must be fully and truthfully answered. An application may be denied if an applicant knowingly makes a false statement of fact that is required to be revealed in the application for the license. (See BPC section 480(e).)
- Attach additional sheets to this application wherever so directed or when space provided is not sufficient.
- An incomplete application will be returned to the applicant.
- Failure to provide all information requested will also result in application review delays.
- A \$35 License Fee is required. Submit the fee by money order, cashier's check, personal check, or certified check payable to the Structural Pest Control Board with this application to the address noted above.
- Notice:** Under BPC sections 31 and 494.5, the State California Department of Tax and Fee Administration (CDTFA) and the Franchise Tax Board (FTB) may share taxpayer information with the SPCB. You are required to pay your state tax obligation. This application may be denied or your license may be suspended if you have a state tax obligation, the state tax obligation is not paid, and your name appears on the CDTFA or FTB certified list of 500 largest tax delinquencies. ALL FIELDS MUST BE TYPED OR PRINTED.

### BUSINESS AND PROFESSIONS CODE SECTION 8564.6

<b>1. Name of Applicant:</b> (Full name as it appears on your government issued identification.) (First) (Middle) (Last)		
<b>2. Residence Address:</b> (Building Number) (Street Name) (Unit Number) (city) (State) (Zip)		<b>Telephone Number:</b> (—) <b>Email Address (optional):</b>
<b>Mailing Address:</b> (Building Number) (Street Name) (Unit Number) (city) (State) (Zip)		
<b>2. Date of Birth:</b> (MM/DD/YYYY)		<b>3. SSN/ITIN:</b>
<b>4. Residence Address:</b> (Building Number) (Street Name) (Unit Number)		

<u>City:</u>	<u>State:</u>	<u>Zip:</u>
<b>5. Mailing Address:</b> (Note: This address will be made available to the public in accordance with BPC section 27. You may provide a P.O. Box or other alternate address in lieu of your residence address in response to this question.) (Building Number) (Street Name) (Unit Number)		
<u>City:</u>	<u>State:</u>	<u>Zip:</u>
<b>6. Telephone Number:</b> ( )	<b>7. Email Address:</b>	
<b>3.8. Employer:</b>		<b>9. Employer's Telephone Number:</b> ( )
<b>10. Employer's Address:</b> (Building Number) (Street Name) (Unit Number)		<b>Telephone Number:</b> ( )
<del>(City)</del> <u>City:</u>	<del>(State)</del> <u>State:</u>	<del>(Zip)</del> <u>Zip:</u>
<b>4. Date of Birth:</b>		<b>5. Driver's License No.:</b>
<b>6. Social Security Number or Individual Tax Identification Number:</b>  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.		
<b>7.11.</b> Are you 18 years of age or older? (An individual must be 18 years of age or older to qualify for an applicator license)		<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>8.12.</b> Are you presently licensed or have you previously been licensed as a structural pest control applicator, field representative, or operator or equivalent in the State of California this or any other state? If YES, state provide license number(s):		<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>9.13.</b> Give the names and addresses of individuals and businesses with whom you have been associated in the pest control business as a partners or business associates in the last five years (attach additional sheets if needed): _____ _____		
<b>10.14.</b> Are you at the present time employed or engaged in the structural pest control business? If YES, by whom and in what capacity?		<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>11.</b> Have you ever had any professional or vocational license refused, denied, suspended or revoked by this or any other State agency? If YES, attach a signed detailed statement.		<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>12.</b> Do you have any pending disciplinary actions against you in regards to any professional or vocational licenses? If YES, attach a signed detailed statement.		<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>13.</b> 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? If YES, attach a signed detailed statement.		



14. Are you currently in the United States Military?	<input type="checkbox"/> YES <input type="checkbox"/> NO
15. 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
16. Have you ever served in the United States Military?	<input type="checkbox"/> YES <input type="checkbox"/> NO
17. Have you ever been found guilty of any violation or any provision of the Structural Pest Control Act? If YES, attach a signed detailed statement.	<input type="checkbox"/> YES <input type="checkbox"/> NO
15. Within the preceding seven (7) years from the date of the application and excluding actions based upon any criminal conviction history, have you ever had any professional or vocational license or certificate denied, suspended, revoked, or otherwise disciplined by the SPCB or any other governmental authority in this state or any other state, U.S. federal jurisdiction, or foreign country?	<input type="checkbox"/> YES <input type="checkbox"/> NO
16. Within the preceding seven (7) years from the date of the application and excluding actions based upon any criminal conviction history, have you ever acting as a partner, officer, managing employee, or qualifying manager of a firm, partnership, or corporation, had knowledge of and participated in the commission of any act resulting in the suspension or revocation of a license or company registration?	<input type="checkbox"/> YES <input type="checkbox"/> NO
17. Excluding actions based upon any criminal conviction history, have you received notice of any pending disciplinary action(s) against you regarding any professional or vocational license or certificate issued by any other governmental authority in this state or any other state, U.S. federal jurisdiction, or foreign country?	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>18. If you answered YES to questions 15, 16, or 17, attach copies of the disciplinary decision taken by the licensing board, agency, or other governmental organization ("board") that contains the following information:</p> <p>(A) the type of disciplinary action taken (e.g., revocation, suspension, probation),          (B) the effective date of the disciplinary action,          (C) the license type,          (D) the license number,          (E) the name and location of the licensing board, and          (F) an explanation of the violations found by the licensing board.</p> <p>In addition, you may submit a statement or documents showing your rehabilitation efforts or any mitigating information that you would like the SPCB to consider.</p>	
19. Are you currently serving in, or have you previously served in, the United States Military?	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>20. Have you served as an active-duty member of the US Armed Forces and were you honorably discharged per BPC section 115.4(a)?</p> <p>*If YES, attach a copy of your previous military service (DD214 – Certificate of Release or Discharge from Active Duty, or current military orders) for expedited review of your application.</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>21. Do you already hold a current, active license, or comparable authority, to act as an operator in another U.S. state or territory, and your spouse or domestic partner is an active-duty member of the Armed Forces of the United States and was assigned to a duty station in California under official orders?</p> <p>If YES, your application will receive an expedited review and a waiver of the license fee.          Note: if you meet the military spouse or domestic partner requirement please scan and attach copies of the following documentation to this application:</p> <p>(A) certificate of marriage or certified declaration/registration of domestic partnership filed with the Secretary of State or other documentary evidence of legal union with an active-duty member of the U.S. Armed Forces,          (B) a copy of your current license in another state, district, or territory of the United States, and          (C) a copy of the military orders establishing your spouse or partner's duty station in</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO

California.	
<p><b>22.</b> Are you an active-duty member of a regular component of the United States Armed Forces and enrolled in the United States Department of Defense's SkillBridge program as authorized under section 1143(e) of title 10 of the United States Code and requesting expedited processing of your application pursuant to BPC section 115.4, subdivision (b)?</p> <p>If YES, please provide the following with your application: a written approval document or letter from your respective United States Armed Forces Service branch (Army, Navy, Air Force, Marine Corps, Space Force or Coast Guard), signed by your first field grade commanding officer that specifies your name, the approved SkillBridge opportunity, and the specified duration of your participation (i.e., start and end dates).</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p><b>23. REFUGEE, ASYLEE, OR SPECIAL IMMIGRANT:</b> BPC section 135.4 provides that the California Structural Pest Control Board shall expedite, and may assist, the initial licensure process for certain applicants described below. Do any of the following apply to you?</p> <ul style="list-style-type: none"> <li>You were admitted to the United States as a refugee pursuant to section 1157 of title 8 of the United States Code; or</li> <li>You were granted asylum by the Secretary of Homeland Security or the United States Attorney General pursuant to section 1158 of title 8 of the United States Code; or</li> <li>You have a special immigrant visa and were granted a status pursuant to section 1244 of Public Law 110-181, Public Law 109-163, or section 602(b) of title VI of division F of Public Law 111-8, relating to Iraqi and Afghan translators/interpreters or those who worked for or on behalf of the United States government.</li> </ul> <p><b>If YES, attach evidence of your status as a refugee, asylee, or special immigrant visa holder as follows:</b></p> <ul style="list-style-type: none"> <li>Form I-94, arrival/departure record, with an admission class code such as "re" (refugee) or "ay" (asylee) or other information designating the person a refugee or asylee; or</li> <li>Special immigrant visa that includes the classification codes of "SI" or "SQ"; or</li> <li>Permanent resident card (Form I-551), commonly known as a "green card," with a category designation indicating that the person was admitted as a refugee or asylee; or</li> <li>An order from a court of competent jurisdiction or other documentary evidence that provides reasonable assurances to the SPCB that you qualify for expedited licensure per BPC section 135.4.</li> </ul>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>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.</p>	
<p align="center"><b>CERTIFIED TRUE STATEMENT</b></p> <p>I certify under penalty of perjury under the laws of the State of California <del>to the truth and accuracy of that</del> all statements and representations, including any attachments in support of this application, made and furnished in connection with this application, including all statements attached hereto <del>are true and correct.</del> I understand that falsifying information on this application may result in denial of this application. I certify that I am <u>the applicant whose signature appears below</u> at least eighteen years of age and have read and <u>understand</u> received the "Notice on Collection of Personal Information," section on the last page of this application form.</p>	
Original Signature:	Date:

## **NOTICE ON COLLECTION OF PERSONAL INFORMATION**

### **Disclosure of your Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN) is mandatory.**

Sections 30, 31, and 494.5 of the BPC 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 shall 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 shall not be processed AND you shall be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.

### **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 BPC Section 8564.6 and title 16, 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~~Section 7920.000 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's Executive Officer at 2005 Evergreen Street, Suite 1500, Sacramento, CA 95815, by phone at (916) 561-8704, or by email at [pestboard@dca.ca.gov](mailto: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](mailto:dca@dca.ca.gov).



BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR

DEPARTMENT OF CONSUMER AFFAIRS • STRUCTURAL PEST CONTROL BOARD

2005 Evergreen St., Suite 1500, Sacramento, CA 95815

P (916) 561-8700 | F (916) 263-2469 | www.pestboard.ca.gov



[note: font changed from Arial to Century Gothic]

## APPLICATION FOR FIELD REPRESENTATIVE'S LICENSE

**LICENSE FEE: \$3045 (unless waived, see question No. 27)**

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

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

**IMPORTANT:** 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.** Applicants applying for an original field representative license shall pass the SPCB's California Branch 1, 2, or 3 Field Representative Examination required by Business and Professions Code (BPC) section 8566 prior to submission of this application. Per BPC section 8563, you must apply to the SPCB for the issuance of a field representative license within one year of passing the examination. Failure to comply with these requirements will result in rejection of this application.

- Each question must be fully and truthfully answered. An application may be denied if an applicant knowingly makes a false statement of fact that is required to be revealed in the application for the license. (See BPC section 480(e).)
- Attach additional sheets to this application wherever so directed or when space provided is not sufficient.
- An incomplete application will be returned to the applicant.
- Failure to provide all information requested will also result in application review delays.
- A \$45 License Fee is required. Submit the fee by money order, cashier's check, personal check, or certified check payable to the Structural Pest Control Board with this application to the address noted above.
- Notice:** Under BPC sections 31 and 494.5, the State California Department of Tax and Fee Administration (CDTFA) and the Franchise Tax Board (FTB) may share taxpayer information with the SPCB. You are required to pay your state tax obligation. This application may be denied or your license may be suspended if you have a state tax obligation, the state tax obligation is not paid, and your name appears on the CDTFA or FTB certified list of 500 largest tax delinquencies **ALL FIELDS MUST BE TYPED OR PRINTED.**

### 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 or California Identification No.:	

5. Social Security Number or Individual Tax Identification Number: \_\_\_\_\_

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.

6.3. Name of Applicant: (Full name as it appears on your government issued identification.)

(First)

(Middle)

(Last)

4. Date of Birth: (MM/DD/YYYY)

5. SSN/ITIN:

6. Residence Address: (Building Number) (Street Name) (Unit Number)

Telephone Number:

( )

(City) City:

(State) State:

(Zip) Zip:

Email Address (optional):

7. Mailing Address: (Note: This address will be made available to the public in accordance with BPC section 27. You may provide a P.O. Box or other alternate address in lieu of your residence address in response to this question.)

(Building Number)

(Street Name)

(Unit Number)

(City) City:

(State) State:

(Zip) Zip:

8. Telephone Number:

( )

9. Email Address:

7.10. Employer:

11. Employer's Telephone Number:

( )

12. Employer's Address: (Building Number) (Street Name) (Unit Number)

Telephone Number:

( )

(City) City:

(State) State:

(Zip) Zip:

8. Previous Employer:

Previous Employer's Address:

Telephone Number:

Area Code ( )

13. Are you 18 years of age or older?

(An individual must be 18 years of age or older to qualify for a field representative license)

☐ YES ☐ NO

9.14. 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? If YES, state provide license number(s):

☐ YES ☐ NO

10.15. Give the names and addresses of individuals and businesses with whom you have been associated in the pest control business as a partners or business associates in the last five years (attach additional sheets if needed):

<b>11.16.</b> 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 following: Name of the State(s) and your license number(s) _____ Type of License(s) _____ Name(s) license(s) issued under _____		
<b>12.17.</b> Are you at the present time employed or engaged in the structural pest control business?		
If YES, by whom and in what capacity? _____		
<b>13.</b> 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.		
<b>14.</b> Do you have any pending disciplinary action against you in regards to any professional or vocational license?		
_____ <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, attach a signed detailed statement.		
<b>15.</b> 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?		
_____ <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, attach a signed detailed statement.		
<b>16.</b> 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.		
<b>17.18. EXPERIENCE</b> -- 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		
<b>18.19. EQUIVALENT EXPERIENCE/TRAINING</b> - 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, or structural pest control related occupations or any other related activity.		
Time Period	Employer and Address	Description of duties performed
From                      To		

<p><b>19-20. OUT OF STATE EXPERIENCE</b> -- 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.</p> <p>State in which you gained experience: _____</p> <p>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.</p> <p>List in chronological order all structural pest control experience gained out of state. Experience must be certified by employer.</p> <p>Attach certification of experience to this application.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">Time Period</th> <th style="width: 40%;">Employer and Address</th> <th style="width: 40%;">Description of duties performed</th> </tr> <tr> <th style="text-align: center;">From</th> <th style="text-align: center;">To</th> <th></th> </tr> </thead> <tbody> <tr><td style="height: 30px;"></td><td></td><td></td></tr> <tr><td style="height: 30px;"></td><td></td><td></td></tr> <tr><td style="height: 30px;"></td><td></td><td></td></tr> </tbody> </table>			Time Period	Employer and Address	Description of duties performed	From	To										
Time Period	Employer and Address	Description of duties performed															
From	To																
<p><b>20. Are you currently in the United States Military?</b> <span style="float: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</span></p>																	
<p><b>21. Have you ever served in the United States Military?</b> <span style="float: right;"><input type="checkbox"/> YES</span>  <input type="checkbox"/> NO</p>																	
<p><b>22. 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?</b>  <span style="float: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</span></p>																	
<p><b>21.</b> Within the preceding seven (7) years from the date of the application and excluding actions based upon any criminal conviction history, have you ever had any professional or vocational license or certificate denied, suspended, revoked, or otherwise disciplined by the SPCB or any other governmental authority in this state or any other state, U.S. federal jurisdiction, or foreign country?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO																
<p><b>22.</b> Within the preceding seven (7) years from the date of the application and excluding actions based upon any criminal conviction history, have you ever acting as a partner, officer, managing employee, or qualifying manager of a firm, partnership, or corporation, had knowledge of and participated in the commission of any act resulting in the suspension or revocation of a license or company registration?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO																
<p><b>23.</b> Excluding actions based upon any criminal conviction history, have you received notice of any pending disciplinary action(s) against you regarding any professional or vocational license or certificate issued by any other governmental authority in this state or any other state, U.S. federal jurisdiction, or foreign country?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO																
<p><b>24.</b> If you answered YES to questions 21, 22, or 23, attach copies of the disciplinary decision taken by the licensing board, agency, or other governmental organization ("board") that contains the following information:</p> <p>(A) the type of disciplinary action taken (e.g., revocation, suspension, probation),</p> <p>(B) the effective date of the disciplinary action,</p> <p>(C) the license type,</p> <p>(D) the license number,</p> <p>(E) the name and location of the licensing board, and</p> <p>(F) an explanation of the violations found by the licensing board.</p> <p>In addition, you may submit a statement or documents showing your rehabilitation efforts or any mitigating information that you would like the SPCB to consider.</p>																	
<p><b>25.</b> Are you currently serving in, or have you previously served in, the United States Military?</p>		<input type="checkbox"/> YES <input type="checkbox"/> NO															

<p><b>26.</b> Have you served as an active-duty member of the US Armed Forces and were you honorably discharged per BPC section 115.4(a)?</p> <p><u>*If YES, attach a copy of your previous military service (DD214 – Certificate of Release or Discharge from Active Duty, or current military orders) for expedited review of your application.</u></p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p><b>27.</b> Do you already hold a current, active license, or comparable authority, to act as an operator in another U.S. state or territory, and your spouse or domestic partner is an active-duty member of the Armed Forces of the United States and was assigned to a duty station in California under official orders?</p> <p><u>If yes, your application will receive an expedited review and a waiver of the license fee. Note: if you meet the military spouse or domestic partner requirement please attach copies of the following documentation to this application:</u></p> <p>(A) <u>certificate of marriage or certified declaration/registration of domestic partnership filed with the Secretary of State or other documentary evidence of legal union with an active-duty member of the U.S. Armed Forces,</u></p> <p>(B) <u>a copy of your current license in another state, district, or territory of the United States, and</u></p> <p>(C) <u>a copy of the military orders establishing your spouse or partner's duty station in California.</u></p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p><b>28.</b> Are you an active-duty member of a regular component of the United States Armed Forces and enrolled in the United States Department of Defense's SkillBridge program as authorized under section 1143(e) of title 10 of the United States Code and requesting expedited processing of your application pursuant to BPC section 115.4, subdivision (b)?</p> <p><u>If YES, please provide the following with your application: a written approval document or letter from your respective United States Armed Forces Service branch (Army, Navy, Air Force, Marine Corps, Space Force or Coast Guard), signed by your first field grade commanding officer that specifies your name, the approved SkillBridge opportunity, and the specified duration of your participation (i.e., start and end dates).</u></p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p><b>29. REFUGEE, ASYLEE, OR SPECIAL IMMIGRANT:</b> BPC section 135.4 provides that the California Structural Pest Control Board shall expedite, and may assist, the initial licensure process for certain applicants described below. Do any of the following apply to you?</p> <ul style="list-style-type: none"> <li><u>You were admitted to the United States as a refugee pursuant to section 1157 of title 8 of the United States Code; or</u></li> <li><u>You were granted asylum by the Secretary of Homeland Security or the United States Attorney General pursuant to section 1158 of title 8 of the United States Code; or</u></li> <li><u>You have a special immigrant visa and were granted a status pursuant to section 1244 of Public Law 110-181, Public Law 109-163, or section 602(b) of title VI of division F of Public Law 111-8, relating to Iraqi and Afghan translators/interpreters or those who worked for or on behalf of the United States government.</u></li> </ul> <p><b><u>If YES, attach evidence of your status as a refugee, asylee, or special immigrant visa holder as follows:</u></b></p> <ul style="list-style-type: none"> <li><u>Form I-94, arrival/departure record, with an admission class code such as "re" (refugee) or "ay" (asylee) or other information designating the person a refugee or asylee; or</u></li> <li><u>Special immigrant visa that includes the classification codes of "SI" or "SQ"; or</u></li> <li><u>Permanent resident card (Form I-551), commonly known as a "green card," with a category designation indicating that the person was admitted as a refugee or asylee; or</u></li> <li><u>An order from a court of competent jurisdiction or other documentary evidence that provides reasonable assurances to the SPCB that you qualify for expedited licensure per BPC section 135.4.</u></li> </ul>	<input type="checkbox"/> YES <input type="checkbox"/> NO



**CERTIFIED TRUE STATEMENT**

I certify under penalty of perjury under the laws of the State of California to the truth and accuracy of that all statements and representations, including any attachments in support of this application, made and furnished in connection with this application, including all statements attached hereto are true and correct. I understand that falsifying information on this application may result in denial of this application. I certify that I am the applicant whose signature appears below at least eighteen years of age and have read and understand received the "Notice on Collection of Personal Information;" section on the last page of this application form.

**Original Signature**

**Date**

## **NOTICE ON COLLECTION OF PERSONAL INFORMATION**

### **Disclosure of your Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN) is mandatory.**

Sections 30, 31, and 494.5 of the BPC 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 shall 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 shall not be processed AND you shall be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.

### **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 BPC Section 8564 and Title 16, 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 ~~6259~~ 7920.000 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's Executive Officer at 2005 Evergreen Street, Suite 1500, Sacramento, CA 95815, by phone at (916) 561-8704, or by email at [pestboard@dca.ca.gov](mailto: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](mailto:dca@dca.ca.gov).



BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR  
DEPARTMENT OF CONSUMER AFFAIRS • STRUCTURAL PEST CONTROL BOARD  
2005 Evergreen St., Suite 1500, Sacramento, CA 95815  
P (916) 561-8704 | F (916) 263-2469 | www.pestboard.ca.gov



[note: font changed from Arial to Century Gothic]

## APPLICATION FOR OPERATOR'S LICENSE

**LICENSE FEE \$1250 (unless waived, see question No. 27)**

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

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

**IMPORTANT:** 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.** Applicants applying for an original operator license shall pass the SPCB's California Branch 1, 2, or 3 Operator Examination required by Business and Professions Code (BPC) section 8565 prior to submission of this application. Per BPC section 8561, you must apply to the SPCB for the issuance of an operator license within one year of passing the examination. Failure to comply with these requirements will result in rejection of this application.

- Each question must be fully and truthfully answered. An application may be denied if an applicant knowingly makes a false statement of fact that is required to be revealed in the application for the license. (See BPC section 480(e).)
- Attach additional sheets to this application wherever so directed or when space provided is not sufficient.
- An incomplete application will be returned to the applicant.
- Failure to provide all information requested will also result in application review delays.
- A \$150 License Fee is required. Submit the fee by money order, cashier's check, personal check, or certified check payable to the Structural Pest Control Board with this application to the address noted above.
- Notice:** Under BPC sections 31 and 494.5, the State California Department of Tax and Fee Administration (CDTFA) and the Franchise Tax Board (FTB) may share taxpayer information with the SPCB. You are required to pay your state tax obligation. This application may be denied, or your license may be suspended if you have a state tax obligation, the state tax obligation is not paid, and your name appears on the CDTFA or FTB certified list of 500 largest tax delinquencies **ALL FIELDS MUST BE TYPED OR PRINTED.**

### **Business & Professions Code Section 8562**

<b>1. Check the branch(es) you are applying for:</b> <input type="checkbox"/> Branch 1 – Fumigation <input type="checkbox"/> Branch 2 – General Pest <input type="checkbox"/> Branch 3 – Termite		
<b>2. Check the type of Operator's License to be issued:</b> <input type="checkbox"/> Inactive License <input type="checkbox"/> Employee of a Company <input type="checkbox"/> Qualifying Manager		
<b>4.3. Name of Applicant:</b> <u>(Full name as it appears on your government issued identification.)</u> (First) (Middle) (Last)		
<b>4.3. Date of Birth:</b> <u>(MM/DD/YYYY)</u>	<b>5.4. Driver's License or California Identification No.:</b> <u>SSN/ITIN:</u>	
<b>5. Social Security Number or Individual Tax Identification Number:</b> _____		
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(e)(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.

<b>6. Residence Address:</b> (Building Number) (Street Name) (Unit Number)			<b>Telephone Number:</b> ( )
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<b>(City)City:</b>	<b>(State)State:</b>	<b>(Zip)Zip:</b>
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<b>7. Mailing Address:</b> (Note: This address will be made available to the public in accordance with BPC section 27. You may provide a P.O. Box or other alternate address in lieu of your residence address in response to this question.) (Building Number) (Street Name) (Unit Number)		
--	--	--

<b>(City)City:</b>	<b>(State)State:</b>	<b>(Zip)Zip:</b>
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<b>8. Telephone Number:</b> ( )	<b>9. Email Address (optional):</b>
------------------------------------	-------------------------------------

<b>7-10. Employer:</b>	<b>11. Employer's Telephone Number:</b> ( )
------------------------	--

<b>12. Employer's Address:</b> (Building Number) (Street Name) (Unit Number)		
--	--	--

<b>(City)City:</b>	<b>(State)State:</b>	<b>(Zip)Zip:</b>
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<b>13. Are you 18 years of age or older?</b> (An individual must be 18 years of age or older to qualify for an operator license)	<input type="checkbox"/> YES <input type="checkbox"/> NO
---	--

<b>8-14. 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? If YES, state provide license number(s):</b> _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
---	--

<b>9-15. Give the names and addresses of individuals and businesses with whom you have been associated in the pest control business as a partners or business associates in the last five years (attach additional sheets if needed):</b> _____ _____
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<b>10-16. Are you now or have you ever been licensed to do structural pest control in another state?</b> If YES, provide the name of the State and your license number following: Name of the state(s) and your license number(s) _____ Type of license(s) _____ Name(s) license(s) issued under _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
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<b>11-17. Are you at the present time employed or engaged in the structural pest control business?</b> If YES, by whom and in what capacity? _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
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<b>12. Have you ever had a professional or vocational license refused, denied, suspended or revoked by this or any other State agency?</b>																									
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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		

**21.** Within the preceding seven (7) years from the date of the application and excluding actions based upon any criminal conviction history, have you ever had any professional or vocational license or certificate denied, suspended, revoked, or otherwise disciplined by the SPCB or any other governmental authority in this state or any other state, U.S. federal jurisdiction, or foreign country?

☐ YES ☐ NO

**22.** Within the preceding seven (7) years from the date of the application and excluding actions based upon any criminal conviction history, have you ever, acting as a partner, officer, managing employee, or qualifying manager of a firm, partnership, or corporation, had knowledge of and participated in the commission of any act resulting in the suspension or revocation of a license or company registration?

☐ YES ☐ NO

**23.** Excluding actions based upon any criminal conviction history, have you received notice of any pending disciplinary action(s) against you regarding any professional or vocational license or certificate issued by any other governmental authority in this state or any other state, U.S. federal jurisdiction, or foreign country?

☐ YES ☐ NO

**24.** If you answered YES to questions 21, 22, or 23, attach copies of the disciplinary decision taken by the licensing board, agency, or other governmental organization ("board") that contains the following information:

- (A) the type of disciplinary action taken (e.g., revocation, suspension, probation),
- (B) the effective date of the disciplinary action,
- (C) the license type,
- (D) the license number,
- (E) the name and location of the licensing board, and
- (F) an explanation of the violations found by the licensing board.

In addition, you may submit a statement or documents showing your rehabilitation efforts or any mitigating information that you would like the SPCB to consider.

**25.** Are you currently serving in, or have you previously served in, the United States Military?

☐ YES ☐ NO

**26.** Have you served as an active-duty member of the US Armed Forces and were you honorably discharged per BPC section 115.4(a)?

☐ YES ☐ NO

If YES, attach a copy of your previous military service (DD214 – Certificate of Release or Discharge from Active Duty, or current military orders) for expedited review of your application.

<p><b>27. Do you already hold a current, active license, or comparable authority, to act as an operator in another U.S. state or territory, and your spouse or domestic partner is an active-duty member of the Armed Forces of the United States and was assigned to a duty station in California under official orders?</b></p> <p>If YES, your application will receive an expedited review and a waiver of the license fee. Note: if you meet the military spouse or domestic partner requirement please attach copies of the following documentation to this application:</p> <ul style="list-style-type: none"> <li>(A) <u>certificate of marriage or certified declaration/registration of domestic partnership filed with the Secretary of State or other documentary evidence of legal union with an active-duty member of the U.S. Armed Forces,</u></li> <li>(B) <u>a copy of your current license in another state, district, or territory of the United States, and</u></li> <li>(C) <u>a copy of the military orders establishing your spouse or partner's duty station in California.</u></li> </ul>	<p><input type="checkbox"/> YES      <input type="checkbox"/> NO</p>
<p><b>28. Are you an active-duty member of a regular component of the United States Armed Forces and enrolled in the United States Department of Defense's SkillBridge program as authorized under section 1143(e) of title 10 of the United States Code and requesting expedited processing of your application pursuant to BPC section 115.4, subdivision (b)?</b></p> <p>If YES, please provide the following with your application: a written approval document or letter from your respective United States Armed Forces Service branch (Army, Navy, Air Force, Marine Corps, Space Force, or Coast Guard), signed by your first field grade commanding officer that specifies your name, the approved SkillBridge opportunity, and the specified duration of your participation (i.e., start and end dates).</p>	<p><input type="checkbox"/> YES      <input type="checkbox"/> NO</p>
<p><b>29. REFUGEE, ASYLEE, OR SPECIAL IMMIGRANT:</b> BPC section 135.4 provides that the California Structural Pest Control Board shall expedite, and may assist, the initial licensure process for certain applicants described below. Do any of the following apply to you?</p> <ul style="list-style-type: none"> <li>• <u>You were admitted to the United States as a refugee pursuant to section 1157 of title 8 of the United States Code; or</u></li> <li>• <u>You were granted asylum by the Secretary of Homeland Security or the United States Attorney General pursuant to section 1158 of title 8 of the United States Code; or</u></li> <li>• <u>You have a special immigrant visa and were granted a status pursuant to section 1244 of Public Law 110-181, Public Law 109-163, or section 602(b) of title VI of division F of Public Law 111-8, relating to Iraqi and Afghan translators/interpreters or those who worked for or on behalf of the United States government.</u></li> </ul> <p><b>If YES, attach evidence of your status as a refugee, asylee, or special immigrant visa holder as follows:</b></p> <ul style="list-style-type: none"> <li>• <u>Form I-94, arrival/departure record, with an admission class code such as "re" (refugee) or "ay" (asylee) or other information designating the person a refugee or asylee; or</u></li> <li>• <u>Special immigrant visa that includes the classification codes of "SI" or "SQ"; or</u></li> <li>• <u>Permanent resident card (Form I-551), commonly known as a "green card," with a category designation indicating that the person was admitted as a refugee or asylee; or</u></li> <li>• <u>An order from a court of competent jurisdiction or other documentary evidence that provides reasonable assurances to the SPCB that you qualify for expedited licensure per BPC section 135.4.</u></li> </ul>	<p><input type="checkbox"/> YES      <input type="checkbox"/> NO</p>
<p>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</p>	

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 that~~ all statements and representations, including any attachments in support of this application, made and furnished in connection with this application, including all statements attached hereto are true and correct. I understand that falsifying information on this application may result in denial of this application. I certify that I am the applicant whose signature appears below at least eighteen years of age and have read and ~~understand~~ received the "Notice on Collection of Personal Information" section on the last page of this application form.

**Original Signature:**

**Date:**



## **NOTICE ON COLLECTION OF PERSONAL INFORMATION**

### **Disclosure of your Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN) is mandatory.**

Sections 30, 31, and 494.5 of the BPC 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 shall 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 shall not be processed AND you shall be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.

### **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~~ BPC Section 8562 and Title 16, 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~~ 7920.000 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's Executive Officer at 2005 Evergreen Street, Suite 1500, Sacramento, CA 95815, by phone at (916) 561-8704, or by email at [pestboard@dca.ca.gov](mailto: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](mailto:dca@dca.ca.gov).