



**APPLICATION FOR  
 STRUCTURAL PEST CONTROL  
 APPLICATOR  
 RE-EXAMINATION  
 FEE \$55**

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

<b>FOR BOARD USE ONLY</b>	
ATS No.	_____
Cashiering No.	_____
Results	_____

**INSTRUCTIONS:**

**Complete this application for re-examination and submit the \$55 re-examination fee per branch to the Structural Pest Control Board.**

**ALL FIELDS MUST BE TYPED OR PRINTED.**

Name of Applicant: _____ (First) _____ (Middle) _____ (Last)		
Mailing Address: _____ (This address is where the Candidate's Handbook will be mailed.)		Telephone Number: (    ) _____
City _____	State _____	Zip _____
Indicate the date you were last scheduled for examination:  _____		
<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>		
<b>CERTIFIED TRUE STATEMENT</b>		
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.		
Original Signature of Applicant _____		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 8560 and the Information Practices Act. The Structural Pest Control Board uses this information principally 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](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).