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. 8/96 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will be retained by the board; provided, however, that the board may at its discretion permit such documents to be withdrawn upon substitution of a true copy.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will be retained by the board; provided, however, that the board may at its discretion permit such documents to be withdrawn upon substitution of a true copy.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 5/95 Rev. 4/15), which is hereby incorporated by reference, which is printed at the end of this section) and shall comply with every requirement shown thereon.
- (2) Accompanied by the required examination fee.
- (b) All documents filed in support of any application will be retained by the board.

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

Signature

10 - 11 - 2016 Date



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



APPLICATION FOR OPERATOR'S LICENSE

LICENSE FEE: \$120

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

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

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

FOR BOARD USE ONLY
ATS No.
Cashiering No.
Checked By
Effective Date
License No.
Branch
Class Code

	Busin	ess & Profess	sions code sec	1100 8562				
 Check the branch 	n(es) you are applying	for:						
☐ Bran	ch 1 – Fumigation	☐ Branch 2	. – General Pest	Branch 3 - Termite	-			
2. Check the type of	2. Check the type of Operator's License to be issued:							
Product Control of the Control of th	ive License	Employee of a Co	mpany 🔲 Q	ualifying Manager				
3. Date of Birth:			4. Driver's Lic	ense <u>or California Identification</u> No.:				
5. Social Security N	lumber or Individual 1	Fax Identification N	lumber:					
Diantas ma aftras m Car	Sal Canualt, Normalian (C	CNN on body delical To	I al a . a tifi a a tim Ni Ni	(ITIN) is recordate to Continue Confeth - Duning				
				oer (ITIN) is mandatory. Section 30 of the Busin lection of your SSN or ITIN. Your SSN or ITIN wil				
used exclusively for ta	x enforcement purpose	s, for purposes of co	mpliance with any jud	dgment or order for family support in accordance is	with			
				a licensing or examination entity which utilize				
				fail to disclose your SSN or ITIN, your application				
initial license will not b	e processed AND you	will be reported to the	he Franchise Tax Boa	ard, which may assess a \$100 penalty against y	ou.			
6. Name of Applicar	t: (First)	(Middle)	(Last)				
, ,								
Residence Address:	(Building Number)	(Street Name)	(Unit Number)	Telephone Number:				
				()				
(City)	(State)		(Zip)	Francis Andreas a (anti-nast)				
			,	Email Address (optional):				
Mailing Address:	(Building Number)	(Street Name)		(Unit Number)				
• • • • • • • • • • • • • • • • • • • •								
(Chr.)	(5/0/2)		(7)6)					
(City)	(State)		(Zip)					
(Оіту)	(State)		(ZIP)	· · · · · · · · · · · · · · · · · · ·				
	(State)		(ZIp)					
7. Employer:	(State)	·	(ZIÞ)					
7. Employer:		(Stract Name)	<u> </u>					
		(Street Name)	(Zip) (Unit Number)	Telephone Number:				
7. Employer:		(Street Name)	<u> </u>	Telephone Number:				
7. Employer:		(Street Name)	<u> </u>	Telephone Number:				
7. Employer: Employer's Address	(Building Number)	(Street Name)	(Unit Number)	Telephone Number:				

8.	Are you presently licensed or have you previously been licensed as a structural pest control applicator	, field represe	ntative
	or operator in the State of California?	☐ YES	(□ NC)
	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 b	usiness
	as partners or business associates in the last five years:		
			· · ·
10	Are you now or have you ever been licensed to do structural pest control in another State?		
10.	Are you now of mave you ever been not listed to do structural post control in unother state.	☐ YES	□ №
	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?		
		☐ YES	□ №
10	If YES, by whom and in what capacity? Have you ever had a professional or vocational license refused, denied, suspended or revoked by the	ic or any oth	<u> </u>
12.	State agency?	is or any othe	∌ I
		☐ YES	
	If YES, attach a signed detailed statement. Do you have any pending disciplinary actions against you in regards to any professional or vocation	al licences	
13.	bo you have any pending disciplinary actions against you in regards to any professional or vocation	YES	□N
	If YES, attach a signed detailed statement.		
14.	Have you ever been associated with any person, partnership or corporation, whose professional or was refused, denied, suspended or revoked by this or any other State agency?	vocational lic	ense (
	was related, defined, suspended of revoked by this of any other state agency?	☐ YES	□NC
	If YES, attach a signed detailed statement. Have you ever been convicted of, or plead guilty or noto contendere to ANY offense in the United St		
	country? This includes every citation, infraction, misdemeanor and/or felony, including traffic violatic Convictions that were adjudicated in the juvenile court or convictions two years or older under Calif Safety Code sections 11357(b), (c), (d), (e) or section 11360(b) should NOT be reported. Convictions expunged from the records of the court or set aside pursuant to section 1203.4, 1203.4(a), or 1203.4 Penal Code or equivalent non-California law MUST be disclosed. (Minor traffic violations resulting in a do not need to be disclosed.) Proof of dismissal: If you have obtained a dismissal of your conviction(s) pur sections 1203.4, 1203.4(a), or 1203.41, please submit a certified copy of the court order dismissing the corapplication.	ions. NOTE: fornia Health that were lat 1 of the Califo fine of \$300.00 rsuant to Pena	and ter ornia o or less d Code
ļ 	If YES, attach a signed detailed statement.		
16.	Is any criminal action pending against you, or are you currently awaiting judgment and sentencing feel or jury verdict?	ollowing entr	y of a
	Plot of july column.	☐ YES	□ NC
	If YES, attach a signed detailed statement.		
	Are you currently in the United States Military? Have you ever served in the United States Military?	☐ YES	
	Are you married to, or in a domestic partnership or other legal union with, an active duty member of		
	Forces of the United States who is assigned to a duty station in this state under official active duty orders?	military ☐ YES	_ N
20.	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.	☐ YES	5 ∐ N(

in the State of California. Exp Form(s) to this application.	actual compensated structural pest control experience perience must be certified on a CERTIFICATE OF EXP	ERIENCE FORM. Attach Certificate of Experience
Time Period From To	Employer and Address	Description of duties performed
}		·
	,	
22. EQUIVALENT EXPERIENC while in the employ of a pest related occupations or any of	E/TRAINING - Submit all experience/training which yo control company. Such activities can include but are rother related activity.	u believe is equivalent to experience/training gained not limited to military service, structural pest control
Time Period From To	Employer and Address	Description of duties performed
	,	
Do you hold a license issued by Board from that state's licensing	that State? If YES, you must have a certified license has a gency as well as a copy of that State's Rules and Fuctural pest control experience gained out of state. East to this application.	Regulations.
Time Period From To	Employer and Address	Description of duties performed
information requested in this app the application being rejected as	tion is required pursuant to Section 8560 and follow plication is mandatory, none is voluntary. Failure to press incomplete. The information you furnish will be use	rovide any of the requested information will result in
agencies and may be disclosed right of access to records main Information Practices Act. (§179 Evergreen Street, Suite 1500, Streeds. I certify under penalty of perjury made in this application, including	applying. The information you provide may be traits upon a Public Records Act request made pursuant to stained by this agency which contain personal information is main acramento, CA 95815-3831; telephone 916/561-870 CERTIFIED TRUE STATEMENT under the laws of the State of California to the truth and all statements attached hereto. I understand that facertify that I am at least eighteen years of age and have	Section 6250 of the Government Code. You have a mation about you subject to the provisions of the stained by the Structural Pest Control Board, 2009. 14. The Registrar of the Board is the Custodian of the Registrar of the Board is the Custodian of the Registrar of the Board is the Custodian of the Registrar of the Board is the Custodian of the Registrar of the Board is the Custodian of the Registrar of the Board is the Custodian of the Registrar of the Board is the Custodian of the Registrar of the Registrar of the Board is the Custodian of the Registrar of the Board is the Custodian of the Registrar of the Board is the Custodian of the Registrar of the Board is the Custodian of the Registrar of the Board is the Custodian of the Registrar of the Board is the Custodian of the Registrar of the Board is the Custodian of the Registrar of the Board is the Custodian of the Registrar of the Board is the Custodian of the Registrar of the Board is the Custodian of the Registrar of the Board is the Custodian of the Registrar of the Board is the Custodian of the Registrar of the Board is the Custodian of the Registrar of the Board is the Custodian of the Registrar of the Board is the Custodian of the Registrar of the Reg

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 DEUKMENANL



STRUCTURAL PEST CONTROL BOARD

1430 HOWE AVERUE, SACRAMENTO, CA 95825

n that (#14) 924:2291 rogo (916) 924:2294



OPERATOR'S LICENSE

INSTRUCTIONS FOR COMPLETING THE APPLICATION

Operator's License

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

Registration of Company

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

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

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

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

CORPORATION

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

Application for

OPERATOR'S LICENSE POR BOARD USE GHLY Feb \$120.00 (Remit by money order, cashier's, personal or certified check payable to the Structural Pest Control Board.) 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 of organisms by furnigation with poisonous or lethal gases. Branch 2—The practice relating to the control of household pests, excluding fumigation with poisonous or lethal gases. Branch 8—The practice relating to the control of wood-destroying pasts or organisms by the use of insectioides, or structural repairs and corrections, excluding fundigation with poisonous or lethal gases 2. Type of Operator's Liceuse to be issued: Inactive License ☐ Employee of Company 3. Complete this Section. Full Name of Applicant: Residence Address Tolophone Number: Avea Code () (STATE) ((2)) Mailing Address Date you persed examination: CITATE (CITY) in in Employer Address of Employer's Principal Offices Tolophose Number: Aree Code () (CITY) (EM) 4. Section 30 of the Business and Professions Code and Public Law 94-455 (42 U.S.C.A. 405 (c) (2) (Ch/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:

43L-1 (RgV. 8/06)



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



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.

FOR BOARD USE ONLY
ATS No.
Cashiering No.
Checked By
Effective Date
License No.
Branch
Class Code

			essions Code Sect	ion 8564
1. Check the branch	(es) you are applyi r anch 1 – Fumigatio		Branch 2 – General	Pest Branch 3 – Termite
2. Check the type of	Field Representative			of a Company
3. Date of Birth:			4. Driver's License <u>or</u>	<u>California Identification</u> No.:
5. Social Security Nu	ımber or Individual	Tax Identification	on Number:	
Disclosure of your So the Business and Pro	cial Security Number	er (SSN) or Indiv Public Law 94-	idual Taxpayer Identifica 455 (42 U.S.C.A. 405(c)(2	tion Number (ITIN) is mandatory. Section 30 of ()(C)) authorize collection of your SSN or ITIN.
Your SSN or ITIN will for family support in	be used exclusively accordance with F	for tax enforcer amily Code Sec	nent purposes, for purpo tion 17520, or for verific	ses of compliance with any judgment or order ation of licensure or examination status by a
licensing or examinat you fail to disclose you	ion entity which util our SSN or ITIN, yo	izes a national e ur application fo	examination and where lic or initial license will not l	ensure is reciprocal with the requesting state. If oe processed AND you will be reported to the
Franchise Tax Board, 6. Name of Applicant		a \$100 penaity	against you. (Middle)	(Last)
				•
Residence Address:	(Bullding Number)	(Street Name)	(Unit Nümber)	Telephone Number:
(City)	(State)		(Zip)	Email Address (optional):
Mailing Address:	(Building Number)	(Street Name)	(Unit Nui	mber)
(City)	(State)		(Zip)	
7. Employer:				
Employer's Address;	(Building Number)	(Street Name)	(Unit Number)	Telephone Number:
(City)	(Sta	te)	(ZIP)	
43L-14 (Rev. 06/2016)				

8. F	revious Employer:			
Prev	ious Employer's Address:	Telephone Number	:	
		Area Code ()		,
9.	Are you presently licensed or have you previously been licensed as a structural pest c or operator in the State of California?	ontrol applicator, fie	ld represe	ntative,
	If YES, state license number(s):		☐ YES	□ №
10.	Give the name and address of individuals and businesses with whom you have been business as partners or business associates in the last five years:	en associated in the	pest contr	oi
	·			
11.	Are you now or have you ever been licensed to do structural pest control in anothe		☐ YES	□NO
	If YES, provide the name of the State and your license number Type of License			
	Name license issued under	· · · · · · · · · · · · · · · · · · ·		
12.	Are you at the present time employed or engaged in the structural pest control busi	ness?	☐ YES	
	If YES, by whom and in what capacity?			
13.	Have you ever had a professional or vocational license refused, denied, suspended	or revoked by this o	or any othe	r
	State agency? If YES, attach a signed detailed statement.		☐ YES	$\square \ell^{-1}$
				•
14.	Do you have any pending disciplinary action against you in regards to any profession	onal or vocational lic	ense?	□ №
	If YES, attach a signed detailed statement.		<u>. </u>	
15.	Have you ever been connected with any person, partnership or corporation, whose was refused, denied, suspended or revoked by this or any other State agency?	professional or voc		ense
	If YES, attach a signed detailed statement.	•	☐ YES	□ №
16.	Have you ever been convicted of, or plead guilty or nolo contendere to ANY offense	in the United States	or a forei	gn
	country? This includes every citation, infraction, misdemeanor and/or felony, include NOTE: Convictions that were adjudicated in the juvenile court or convictions two years.	ding traffic violations	S.	•
	and Safety Code sections 11357(b), (c), (d), (e) or section 11360(b) should NOT be reexpunged from the records of the court or set aside pursuant to section 1203.4, 120	eported. Conviction	s that were	e later
	Penal Code or equivalent non-California law MUST be disclosed. (Minor traffic violation do not need to be disclosed.) <u>Proof of dismissal</u> : If you have obtained a dismissal of you	r conviction(s) pursua	ant to Penal	Code
	sections 1203.4, 1203.4(a), or 1203.41, please submit a certified copy of the court order capplication.	dismissing the convict		_
	If YES, attach a signed detailed statement.		YES	∐ и́О
17	Is any criminal action pending against you, or are you currently awaiting judgment	and sentencing follo	wing enter	of a
	plea or jury verdict?	and somening folic	YES	NO □
<u></u>	If YES, attach a signed detailed statement.			
18.	Have you ever been found guilty of any violation or any provision of the Structural I	Pest Control Act?		
-	If YES, attach a signed detailed statement.		LJ YES	□ №

	Officer to this abblic	ation .	
Experience F Time Pe	riod	Employer and Address	Description of duties performed
From	To ,		
•			
			<u> </u>
while in the em	iploy of a pest contro	ol company. Such activities can include, but a	ou belleve is equivalent to experience/training gain are not limited to, military service, structural pest
Time Per	riod	other related activity. Employer and Address	Description of duties performed
From	То	· •	
•			
OUT OF STAT	E EVDEDIENCE (the equivalency of experience under a structural pe
Do you hold a licen	gained experience: se issued by that St that state's licensing	ate? If YES, you must have a certified licens g agency as well as a copy of that State's Ru	e history sent to the California Structural Pest les and Regulations.
Do you hold a licen Control Board from List in chronologica	se issued by that St that state's licensing	g agency as well as a copy of that State's Ru pest control experience galned out of state. E	les and Regulations.
Do you hold a licen Control Board from List in chronologica Attach certification Time Per	se issued by that State's licensing of experience to this food	g agency as well as a copy of that State's Ru pest control experience galned out of state. E	les and Regulations.
Do you hold a licen Control Board from List in chronologica Attach certification	se issued by that State's licensing all order all structural of experience to this	g agency as well as a copy of that State's Ru pest control experience gained out of state. E application.	les and Regulations. Experience must be sertified by employer.
Do you hold a licen Control Board from List in chronologica Attach certification Time Per	se issued by that State's licensing of experience to this food	g agency as well as a copy of that State's Ru pest control experience gained out of state. E application.	les and Regulations. Experience must be sertified by employer.
Do you hold a licen Control Board from List in chronologica Attach certification Time Per	se issued by that State's licensing of experience to this food	g agency as well as a copy of that State's Ru pest control experience gained out of state. E application.	les and Regulations. Experience must be sertified by employer.
Do you hold a licen Control Board from List in chronologica Attach certification Time Per	se issued by that State's licensing of experience to this food	g agency as well as a copy of that State's Ru pest control experience gained out of state. E application.	les and Regulations. Experience must be sertified by employer.
Do you hold a licen Control Board from List in chronologica Attach certification Time Per From	se issued by that State's licensing of experience to this food	g agency as well as a copy of that State's Ru pest control experience gained out of state. E application. Employer and Address	les and Regulations. Experience must be certified by employer. Description of duties performed
Do you hold a licen Control Board from List in chronological Attach certification Time Per From	se issued by that St that state's licensing of order all structural of experience to this field	g agency as well as a copy of that State's Ru pest control experience gained out of state. E application. Employer and Address	les and Regulations. Experience must be certified by employer. Description of duties performed NES N
Do you hold a licen Control Board from List in chronologica Attach certification Time Per From 22. Are you curre	se issued by that State is licensing that state's licensing of experience to this iod To To entity in the United State is served in the United State is served in a domestic ed to, or in a domestic in the United State is served in the United St	g agency as well as a copy of that State's Ru pest control experience gained out of state. E application. Employer and Address	les and Regulations. Experience must be certified by employer. Description of duties performed YES N an active duty member of the Armed under official active duty military
Do you hold a licen Control Board from List in chronologica Attach certification Time Per From 22. Are you curre 23. Have you ever	se issued by that State is licensing that state's licensing of experience to this iod To To entity in the United State is served in the United State is served in a domestic ed to, or in a domestic in the United State is served in the United St	g agency as well as a copy of that State's Ru pest control experience gained out of state. E application. Employer and Address States Military? ed States Military? stic partnership or other legal union with, is assigned to a duty station in this state is	les and Regulations. Experience must be certified by employer. Description of duties performed YES N an active duty member of the Armed under official active duty military YES N
Do you hold a licen Control Board from List in chronologica Attach certification Time Per From 22. Are you curre 23. Have you ever 24. Are you marrie Forces of the orders? certify under pena	se issued by that State that state's licensing of order all structural of experience to this field. To	g agency as well as a copy of that State's Ru pest control experience gained out of state. E application. Employer and Address States Military? ed States Military? stic partnership or other legal union with, is assigned to a duty station in this state union the laws of the State of California to the truth a stements attached hereto. I understand that for	les and Regulations. Experience must be certified by employer. Description of duties performed YES No Amader official active duty military YES No Amade No Amed Library YES No Amade No Amed Library

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 DELIKME MAN, Governor



STRUCTURAL PEST CONTROL BOARD

1422 HOWE AVENUE, SACRAMENTO, CA 96825-3280

Telephone Mambers:

Administration Unit (916) 924-2291

ng/Records-Storage (916) 924-2294

Compision Unit (916) 920-6323



APPLICATION FOR PUBLIC 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 ORS ONLY			
Cashiering No Audit No. Checked By Eff Date License No. Branch			
<i>1</i>			

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

Check branch you are applying for:	2. Check type of Field Representative's
[] Branch 1 Funigation [] Branch 2 General Pest [] Branch 3 Termite	{ } Inactive License
{ } Branch 4 Roof Restoration	() Employee of Company
Complete this Section /	
Full Name of Applicant	
Residence Address	Telephone Number
	Area Code ()
(City) (State)	(Zip)
- Employer (Official Address of Record)	
Address of Employer's Principal Office	Telephone Number
	Area Code ()
ection 30 of the Business & Professions Code ar	
)5(c)(2)(C) authorize collection of your social	l security number (SSN). Disclosine of yo ation will be used exclusively for tax

SOCIAL SECURITY NO.: Please indicate which address you wish to use for mailing purposes: { } Business

{ } Residence 43L-14 (Rev. 8/90)

	Are you presently licensed or have you previously been licenses as a structural pest control operator or field representative the State of California?	sed e in	YES ()	NO {
'£ }	rs, state license number(s)			
5.	Are you now or have you ever been licensed to do structural control in another state?	pest	YES	NO.
	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 structure pest control business?	ctural	YES	NO
	If YES, by whom and in what capacity?	_	1.5	{}
-	Have you had a professional or vocational license refused,		-	
	or revoked by this or any other State? If YES, attach a sign detailed statement.	ned	YES { }	NO ()
8.	Have you been convicted of a felowy within the previous fivor misdemeanor other than violation of traffic laws? If YES, attach signed detailed statement.	e years	YES	
9.	Have you ever committed or been found quilty of any violati the provisions of the Structural Pest Common Act?	on of	YES	
	If YES, attach a signed, detailed statement. The information on this application is required pursuant to inclusive of the Business and Professions Code. The information Structural Pest Control Board, Examination/Licensing Unit, Sacramento, CA 95825-3280; telephone (916)924-2294. All in application is mandatory, none is voluntary. Failure to purinformation will result in the application being rejected information you furnish will be used to determine whether field representative license requirements. Your completed confidential information which is used by authorized person may be transferred to other governmental agencies. The application but may gain access to the document by contacting the	1422 Howenformation rovide any as incomply you do or application of the plication	Avenue, requeste of the 1 ete. The do not me on become e board, cannot be	ed in this requested rect the res and which returned
	I certify under penalty of perjury under the laws of the S truth and accuracy of all statements and representations m including all statements attached hereto. I understand the this application may result in the denial of this applicational least eighteen years of age.	ade in thi at falsify	is applic	ation, rmation o
SI	gnature of Applicant	Date		
-	Page 2	للدرية وسارتنا بالأرده		



STRUCTURAL PEST CONTROL BOARD-LICENSING UNIT 2005 EVERGREEN STREET, STE. 1500 SACRAMENTO, CA 95815

2005 EVERGREEN STREET, STE. 1500 SACRAMENTO, CA 95815 P 916-561-8704 | F 916-263-2469 | <u>www.pestboard.ca.gov</u>



REGISTRATION OF COMPANY

INSTRUCTIONS FOR COMPLETING THE APPLICATION

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

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

SOLE-OWNER OR PARTNERSHIP ONLY

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

CORPORATION

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

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

APPLICATION FOR REGISTRATION OF COMPANY

Business and Professions Code Section 8610	ATS No.
FEE: \$120	Cashiering No.
(Remit by money order, cashiers, personal or certified check payak to the Structural Pest Control Board.)	Bond Insurance
There is no fee for upgrading.	Art. of Inc./fictitious business name
	Branch Class Code
Check branch(es) in which you are applying for registration.	Registration No.
Branch 1 Branch 2 Branch 3 Fumigation General Pest Termite	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 the provided is not sufficient. Each question must be answered as applying to all members of partners shareholders with 10% ownership or more in a corporation. Any material misrepresentation is grounds for refusal or subsequent reviolation. FIRM NAME by which registration is to be issued: 	ship or qualifying officers of a corporation and
2. Address of principal place of business: City	State Zip
Mailing address: City State Zip	Email Address
3. Telephone number:	
4. Doing Business As: Individual Partnership	☐ Corporation
5. Principal office is located in: Commercial Building	☐ Residence
6. Is principal office clearly marked or to be marked by a sign designation	
7. Are there shareholders of this company with 10% ownership or more	? YES NO
 If YES, list shareholders below and percentage of ownership. Give FULL NAME, Title & Address of individual owner, qualifying man shareholders with percentage of ownership: 	nager, partners, all officers of corporation, and
Name License Title or 5	Shareholder Residence Address Percentage (If rural delivery, also name road or district)
9. Social Security Number: Federal Em	nployee ID Number:
Disclosure of your Social Security Number (SSN)(or federal employer identifical mandatory. Section 30 of the Business and Professions Code and Public Laws your SSN. Your SSN or FEIN will be used exclusively for tax enforcement purposes.	94-455 (42 USCA 405(c)(2)(C)) authorize collection of

FOR BOARD USE ONLY

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:				
	- Dubliness descended in the last live years.				
' 					
11.	Are you, or any of you, at the present time employed or engaged in the structural pest control business	_	F=1		
	If YES, by whom and in what capacity?	☐ YES	□ №		
12.	Have you, or any of you, ever had a professional or vocational license refused, denied, suspended or any other State agency?	revoked by	/ this or		
		☐ YES	□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 provocational license was refused, denied, suspended or revoked by this or any other State agency?		· .		
	If YES, attach a signed detailed statement.	☐ YES	□ №		
14.	· · · · · · · · · · · · · · · · · · ·	e agency			
	If YES, attach a signed detailed statement.	☐ YES	□ №		
⁻ 15.	Will any individual, not listed above as an officer or partner, be associated in any capacity with you, we control license revoked or suspended, or application refused by this or any other State?	no has had	d a pest		
		☐ YES	□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 or a foreign country? This includes every citation, infraction, misdemeanor and/or felony, including transcriptions that were adjudicated in the juvenile court or convictions two years or older under and Safety Code sections 11357(b), (c), (d), (e) or section 11360(b) should NOT be reported. Conviction expunged from the records of the court or set aside pursuant to section 1203.4 of the California Penal equivalent non-California law MUST be disclosed. (Minor traffic violations resulting in a fine of \$300.00 or label disclosed.)	affic violation California ns that wer Code or	ons. Health e later		
	If YES, attach a signed detailed statement.	☐ YES	□ ио		
17.	Is any criminal action pending against you, or any of you, or are you, or any of you, currently awaiting sentencing following entry of a plea or jury verdict?	judgment :	and		
	If YES, attach a signed detailed statement.	☐ YES	□NO		
	Are you, or any of you, currently in the United States Military?	☐ YES	□NO		
19.	Have you, or any of you, ever served in the United States Military?	YES	□NO		
20.	Armed Forces of the United States who is assigned to a duty station in this state under official active orders?	duty militar	y NO		
	If yes, attached a signed statement as to which individual(s) listed in question 8 is married to an active the Armed Forces of the United States who is assigned to a duty station in this state under official act orders.	e duty men ive duty mi	nber of litary		
21.	Have you, or any of you, ever been found guilty of any violation or any provision of the Structural Pes	t Control A			
	If YES, attach a signed detailed statement.	П 159	L 140		

The information on this application is required pursuant to Section 8560 and following of the Business and Professions Code. All information requested in this application is mandatory, none is voluntary. Failure to provide any of the requested information will result in the application being rejected as incomplete. The information you furnish will be used to determine whether you do or do not me the requirements for which you are applying. The information you provide may be transferred to other governmental and law enforcement agencies and may be disclosed upon a Public Records Act request made pursuant to Section 6250 of the Government Code. You have a right of access to records maintained by this agency which contain personal information about you subject to the provisions of the Information Practices Act. (§1798 et. seq of the Civil Code) The information is maintained by the Structural Pest Control Board, 2005 Evergreen Street, Suite 1500, Sacramento, CA 95815-3831; telephone 916/561-8704. The Registrar of the Board is the Custodian of Records.						
CERTIFIED TRUE STATEMENT - I certify under penalty of perjury under the laws of the State of California to the truth and accuracy of all statements and representations made in this application, including all statements attached hereto. I understand that falsifying information on this application may result in the denial of this application.						
Signature	Printed Name	Title	Date			
	·					
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.						

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:

Branck 1 Branch 2 Branch 8
Fumigation () General Pest () Termite (

POR BOARD	USB ONLY
CVALIBULIA HAVEGA	AUDIT NUMBER
CHECKED BY	BOOK SAY
PROPERATION HUMBER	SERVICE
SCHOOL AND INSURANCE	ANTE. COT SHEEL

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 coparty briship or qualifying ellions of corporation.
- 4. Any material misrepresentation is grounds for referal or subsequent revocation of a because.

	SE PRINT OR TYPES FIRM NAME by which registra	ntion is to i	: Dougal of			
2	Address of principal place of business:	والمت تسكسون	- \		Cay)	(Santa) (719 Cod
	Doing business as: [ndividual () Copartnership () Corporation ()		al office is located in retal Building () see		Is principal of marked by a YES () Phone No.	effice clearly marked or to be sign designating the business? NO ()
4.	Cive FULL NAME, Title, and	Address of	individual owner, qu	alifying th	meger, pertner	
	Mame All the car All the season		TO ARREST		PACINON DE	MEDICANCE ADOMESS THUS, SERVICE, ALECTICAN HAME THAN OF THETHER
			a.			
		7				
	. /					
5.	Section 30 of the flustness an 405 (c) (2) (C) authorize colle (for partnerships) or your sock	ction of a al security	federal employer ide number (SSN) (for a	atification s others). C campleyer	number (FEIN) ornorations are	
	exempt. Disclosure of your number is mandatory. The it	the same of the sa	Antick Landscaped and behinden			

The information on this application is required pursuant to Section 8500 and 8697.5 inclusive of the thatness and Professions Code. The information is maintained by the Structural feet Control Board, Examination/Licensing Unit, 1430 Howe Avenue. Sacramenta, CA 95825; telephone (916) 924-9294. All information requested in this application is mandatory, none is voluntary. Reduce to provide any of the requested information will result in the application being rejected as incomplete. The information you formish 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 anformant agencies. You have a right of access to moords 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 state this application may result in the denial of this application.		7.00			
MIGNATURE		OATE .			
		1			
and the second second section is a second	and the state of t	• • • • • • • • • • • • • • • • • • •			
Cive the name and address of the persons with whom business associates in the last five years.	you, have occur associated in the peri coss	TOL DANIES AS DARRIES OF			
8. Are you, or any of you, at the present time employed or If so, by whom and to what capacity?	engaged in the pest control business?	YES () NO ()			
 Have you, or any of you, had a professional or vocation this or any other State? (If so, attack signed detailed statement.) 	sal license refused, suspended or revoked h	y YES () NO ()			
d. Have you, or any of you, been connected with any pen- fessional or vocational license was refused, suspended or (If so, attach signed detailed statement.)	ion, coperturniship or corporation, whose per revoked by this or any other States	o- YES () NO ()			
5. Will any individual, not listed above as an officer or you, who has had a pest control license revoked or sun other State? (If so, attach signed detailed statement.)	partner, be connected in any expecity wi panded, or application refused by this olar	ik YES() NO()			
6. Have you, or any of you, been convicted of a felosy we other than violation of traffic laws? (If so, attach signed detailed statement.)	lithin the previous five years or misdemean	or NES() NO()			
7. Have you, or any of you, within the past three years, be the Structural Post Control Act?	sen gulky of any violation or any provision	of YES () NO ()			
(if so, attach signed detailed statement.)					



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



APPLICATION FOR APPLICATOR'S LICENSE

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

В	usiness and Professi	ons Code Se	ction 8564.6
1. Name of Applicant: (First)	(Middle)		(Last)
2. Residence Address: (Building Num	iber) (Street Name)	(Unit Number)	Telephone Number:
(City)	(State) (Zip)	1	Email Address (optional):
Mailing Address: (Building Number)	(Street Name)		(Unit Number)
(Сіту)	(State)	(Zjp)
3. Employer:	•		
Employer's Address: (Building Numb	er) (Street Name)	(Unit Number)	Telephone Number:
(City)	(State)	\Zip) · · · · · · · · · · · · · · · · · · ·
4. Date of Birth:		5. Driver's Licen	se <u>or California identification</u> No.:
6. Social Security Number or Ind	ividual Tax Identification Nu	mber:	
the Business and Professions Co Your SSN or ITIN will be used exc order for family support in accord by a licensing or examination ent	de and Public Law 94-455 (4 clusively for tax enforcement lance with Family Code Sect ity which utilizes a national of close your SSN or ITIN, your	iz U.S.C.A. 405(c) t purposes, for pu tion 17520, or for examination and application for in	on Number (ITIN) is mandatory. Section 30 of (2)(C)) authorize collection of your SSN or ITIN. Irposes of compliance with any judgment or verification of licensure or examination status where licensure is reciprocal with the litial license will not be processed AND you will inst you.
7. Are you 18 years of age or ol			☐ YES ☐ NO
Are you presently licensed or or operator or equivalent in t If YES, state license number (1/Rev. 06/2016)	his or any other state?	censed as a struct	cural pest control applicator, field representative

9.	Give the name and address of individuals and businesses with whom you have been associated in the as partners or business associates in the last five years:	pest control business
		<u>'</u>
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 t	his 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 vocation	
	If YES, attach a signed detailed statement.	∐ YES □ NO
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?	
	If YES, attach a signed detailed statement.	☐ YES ☐ NO
14	Have you ever been convicted of, or plead guilty or nolo contendere to ANY offense in the United S	
	country? This includes every citation, infraction, misdemeanor and/or felony, including traffic viola	
	Convictions that were adjudicated in the juvenile court or convictions two years or older under Cal Safety Code sections 11357(b), (c), (d), (e) or section 11360(b) should NOT be reported. Conviction	
	expunged from the records of the court or set aside pursuant to section 1203.4, 1203.4(a), or 1203.	
	Penal Code or equivalent non-California law MUST be disclosed. (Minor traffic violations resulting in a	
	do not need to be disclosed.) <u>Proof of dismissal:</u> If you have obtained a dismissal of your conviction(s) pu sections 1203.4, 1203.4(a), or 1203.41, please submit a certified copy of the court order dismissing the co	
	application.	
	If VEC attack a signed detailed statement	☐ YES ☐ NO
15	If YES, attach a signed detailed statement. Is any criminal action pending against you, or are you currently awaiting judgment and sentencing	following entry of a
	plea or jury verdict?	
	If YES, attach a signed detailed statement.	☐ YES ☐ NO
16	. Are you currently in the United States Military?	☐ YES ☐ NO
	. 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	·
18	orders? Have you ever served in the United States Military?	☐ YES ☐ NO☐ YES ☐ NO☐
19		
		☐ YES ☐ NO
	If YES, attach a signed detailed statement.	Drofossions Cada All
	e information on this application is required pursuant to Section 8560 and following of the Business and ormation requested in this application is mandatory, none is voluntary. Failure to provide any of the requested	
the	e application being rejected as incomplete. The information you furnish will be used to determine whether y	ou do or do not meet the
rec	quirements for which you are applying. The information you provide may be transferred to other government	ital and law enforcement
	encies and may be disclosed upon a Public Records Act request made pursuant to Section 6250 of the Govern ht of access to records maintained by this agency which contain personal information about you subject	
Inf	formation Practices Act. (\$1798 et. seq of the Civil Code) The information is maintained by the Structural F	Pest Control Board, 2005
	rergreen Street, Suite 1500, Sacramento, CA 95815-3831; telephone 916/561-8704. The Registrar of the E ecords.	loard is the Custodian of
<u> </u>	CERTIFIED TRUE STATEMENT	
	ertify under penalty of perjury under the laws of the State of California to the truth and accuracy of all statements	
	ade in this application, including all statements attached hereto. I understand that falsifying information on this e denial of this application. I certify that I am at least eighteen years of age and have read and understand th	
	ersonal Information."	- NOUGE OF CORRECTION OF
	riginal Signature Date	·
~	ignus vignatus v	
		1
i	· , · · · · · · · · · · · · · · · · · ·	*

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



ARPLICATOR EXAMINATION

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.

ignature of Proctor

Date

Signature of Examinee

Date

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

Please indicate which addresse for mailing purposes:	ess yo	u wish to).	Residence Business	
NAME OF EXAMINEE (First)	\	(Middle)		(Last)	EXAM. NO
RESIDENCE ADDRESS OF EXAMINEE	City	1	•	State	ZIP Cade
NAME OF COMPANY	1		,		
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

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

STATE OF CALIFORNIA

STRUCTURAL PEST CONTROL BOARD

. 1422 HOWE AVENUE

SACRAMENTO, CA \$5825-3280



PETE WILSON, Governor

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