

ILLINOIS DEPARTMENT OF PUBLIC HEALTH
DIVISION OF ENVIRONMENTAL HEALTH
525 W. JEFFERSON ST.
SPRINGFIELD, IL 62761

APPLICATION FOR CERTIFICATION AS A STRUCTURAL PEST CONTROL TECHNICIAN
GENERAL USE PESTICIDES

The application for examination as a certified technician to use or to oversee the use of general pesticides must be submitted to the above address accompanied by the **\$75** examination fee (if applicable). To be accepted for examination, the completed application and fee must be received by the Department no later than **15 days prior to the examination date**. The fee, payable to the Illinois Department of Public Health, shall be in the form of a certified check, money order or personal check. **Any fee required for examination is non-refundable in the event the application is unacceptable.**

PRINT OR TYPE ONLY

NAME OF APPLICANT _____
(Last) (First) (Middle)

HOME ADDRESS OF APPLICANT _____

CITY _____ STATE _____ ZIP CODE _____

HOME TELEPHONE NUMBER _____ / _____ COUNTY _____
(area code)

AGE OF APPLICANT _____ DATE OF BIRTH _____ / _____ / _____ SOC. SEC. # _____ / _____ / _____

HIGH SCHOOL GRADUATE _____ Year _____ or GED CERTIFICATE _____ Year _____

NAME & ADDRESS OF SCHOOL _____

(Verification may be requested by IDPH)

PLACE OF EMPLOYMENT (Business Name) _____

PEST CONTROL BUSINESS I. D. NUMBER (051 or 053, if applicable) _____

BUSINESS ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

MAILING ADDRESS (if different from above) _____

BUSINESS TELEPHONE NUMBER _____ / _____ COUNTY _____
(area code)

Have you ever been convicted of violating any structural pest control law or regulation, or had a structural pest control license or certification suspended, revoked or denied, in this or any other state? No _____ Yes _____ (If yes, attach a separate sheet of paper and explain.)

COMPLETE REVERSE SIDE

IMPORTANT NOTICE – THIS STATE AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED UNDER PUBLIC ACT 79-578. DISCLOSURE OF THIS INFORMATION IS MANDATORY. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

ALL Applicants are required by law [5 ILCS 10/10-65 (c)] to complete and sign the following statement. Failure to do so will result in an incomplete application and cause delay in processing your application for examination. Making a false statement may place you in contempt of court. Please place an "X" in the appropriate blank.

_____ I am more than 30 days delinquent in complying with a child support order.

_____ I am in compliance with a child support order.

_____ This statement does not apply to me.

Please list below, in order of your preference, the dates and locations (from the examination schedule) where you wish to take the exam. If your first preference is unavailable, you will be scheduled for your next available choice. My preferences are as follows:

- 1. Date _____ Location _____
- 2. Date _____ Location _____
- 3. Date _____ Location _____

Important Notice: If you are unable to attend the scheduled examination, **written notification** shall be submitted to, and received by the Department at least two (2) business days prior to the examination date. If you fail to notify the Department as indicated and fail to show up for the scheduled examination, you will be required to file a new application and fee in order to be eligible to take the examination on another date. Written notification shall be sent to the Department in care of the Division of Environmental Health, 525 W. Jefferson St., Springfield, IL 62761, faxed to 217-785-0253, or sent electronically to DPH.PestControl@illinois.gov.

Attach
Up-To-Date
2 inch x 2 inch
Head and Shoulders
Picture of Applicant
On **photographic paper** here
Print Name on back of Picture

(Photocopies not accepted)

I hereby certify that the information contained in this document is true and valid, and I understand that the Illinois Department of Public Health may revoke any Illinois structural pest control technician Certificate when the holder of such certificate knowingly makes false or fraudulent claims.

_____/_____
Signature of Applicant / Date