

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

REEXAMINATION

APPLICATION FOR CERTIFICATION AS A STRUCTURAL PEST CONTROL TECHNICIAN

This application form must be submitted to the Illinois Department of Public Health with a non-refundable \$50 fee (if applicable). The application and fee must be received by the Department at least 15 days prior to the examination date. All fees are to be submitted by certified check, money order or personal check made payable to the Illinois Department of Public Health.

Please check the category or categories for which you are to be examined:

- | | | |
|---|---|--|
| <input type="checkbox"/> General Standards | <input type="checkbox"/> Insects and Rodents | <input type="checkbox"/> Bird Control |
| <input type="checkbox"/> Termite | <input type="checkbox"/> Fumigation | <input type="checkbox"/> Food Processing |
| <input type="checkbox"/> Institutions and Multi-Housing | <input type="checkbox"/> Wood Products Pest Control | <input type="checkbox"/> Public Health |

NAME OF APPLICANT _____

(Last)

(First)

(Middle)

HOME ADDRESS OF APPLICANT _____

CITY _____ STATE _____ ZIP CODE _____

HAS ADDRESS CHANGED SINCE LAST APPLICATION WAS SUBMITTED? Yes No

HOME TELEPHONE NUMBER _____ / _____ COUNTY _____

(area code)

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

EMPLOYER (Business Name) _____

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

BUSINESS ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

BUSINESS TELEPHONE NUMBER _____ / _____ COUNTY _____

ALL Applicants are required by law [5 ILCS 100/10-65(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(s). 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.

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.

I hereby certify that the information contained in this document is true and valid, and I understand that the Department may deny, revoke or suspend any technician certificate for knowingly making false or fraudulent claims.

_____/_____
Signature of Applicant Date

Illinois Certification # 052-_____