

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 \$40 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. **Do not submit this application unless you have a high school diploma or a GED certificate.**

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)

* * * * *

PLACE OF EMPLOYMENT (Business Name) _____

PEST CONTROL BUSINESS I. D. NUMBER (051- or 053-) _____

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.

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-_____

I wish to take the examination at _____

_____ on _____, 20____