

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 \$40 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) \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

MAILING ADDRESS (if different from above) \_\_\_\_\_

BUSINESS TELEPHONE NUMBER \_\_\_\_\_ / \_\_\_\_\_ COUNTY \_\_\_\_\_

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.

The Illinois Department of Public Health requests your Social Security number to assist in tracking and searching for your certification records. Disclosure is voluntary and no rights, benefits or privileges will be denied if you choose not to disclose your number

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?

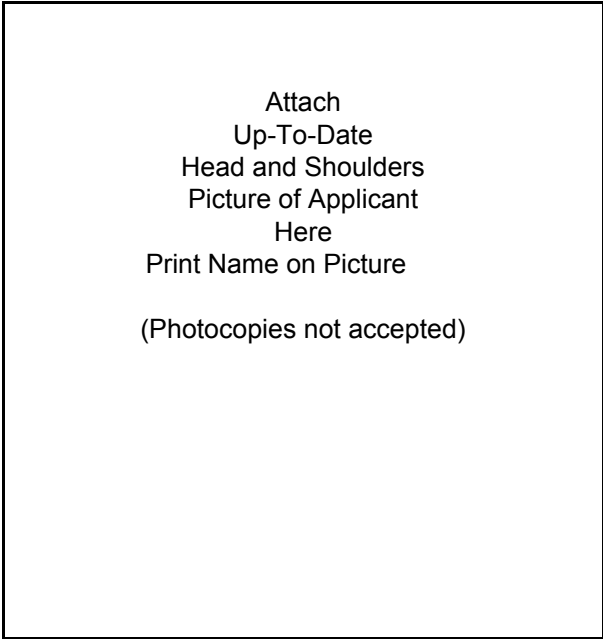
No \_\_\_\_\_ Yes \_\_\_\_\_  
(If yes, attach a separate sheet of paper and explain.)

**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.



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 deny, revoke or suspend any technician certificate when the holder of such certificate knowingly makes false or fraudulent claims.

\_\_\_\_\_/\_\_\_\_\_  
Signature of Applicant / Date

I wish to take the examination scheduled at \_\_\_\_\_

on \_\_\_\_\_ 20\_\_\_\_\_