

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
RESTRICTED-USE PESTICIDES

The application for examination as a certified technician to use or oversee the use of restricted pesticides must be submitted to the above address accompanied by the \$40 examination fee (if applicable). To be accepted for examination, the completed applications and fee must be received by the Department no later than 15 days prior to the examination date. All fees, 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)

COLLEGE* (Complete if eligibility is based upon college course work)

COURSE HOURS FOR ENTOMOLOGY RELATED FIELDS

YEAR NAME OF INSTITUTION _____ QUARTER _____ SEMESTER _____

PEST CONTROL COURSE* (Complete if eligibility is based upon IDPH approved course)

TITLE OF COURSE _____ NAME/ADDRESS OF SPONSOR _____ DATE COMPLETED _____

*ATTACH TRANSCRIPT OR COMPLETION CERTIFICATE TO THE APPLICATION

PLACE OF EMPLOYMENT (Business Name) _____

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

BUSINESS ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

BUSINESS TELEPHONE NUMBER _____ / _____ COUNTY _____

(area code)

COMPLETE REVERSE SIDE

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.

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.

LIST EXPERIENCE IN PEST CONTROL - ATTACH ADDITIONAL SHEET IF NECESSARY

From (date)	To (date)	Employer	Business Address	Supervisor
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

WHAT PERCENT OF YOUR TOTAL EXPERIENCE HAS BEEN IN THE FOLLOWING CATEGORIES?

GENERAL (Insects & Rodents)	_____ %	BIRD CONTROL	_____ %
TERMITE CONTROL	_____ %	INSTITUTIONS	_____ %
FUMIGATION	_____ %	FOOD INDUSTRY PEST CONTROL	_____ %
PUBLIC HEALTH PEST CONTROL	_____ %	WOOD TREATMENT PEST CONTROL	_____ %

I wish to take the Structural Pest Control Technician Examination in: (Check one or more - if experienced in category)
(Note: General Standards examination must be written by all applicants unless previously taken and passed.)

- | | | |
|---------------------------------------|--------------------------------|---------------------|
| () GENERAL STANDARDS | () INSECTS & RODENTS | () BIRD CONTROL |
| () TERMITES | () FUMIGATION | () FOOD PROCESSING |
| () INSTITUTIONS & MULTI-UNIT HOUSING | () WOOD PRODUCTS PEST CONTROL | () PUBLIC HEALTH |

Have you ever been convicted of violating any structural pest control law or regulation, or ever 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.

Attach

Up-to-Date

Head and Shoulders

Picture of Applicant

Here

Print Name on picture

(Photocopies not accepted)

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

_____/_____
 Signature of Applicant Date

I certify that this applicant has six months of practical experience in one or more of the above structural pest control categories.

_____/_____
 Signature of Supervisor Date
 (Supervisor's signature not needed if education used to qualify for examination).

I wish to take the above examination(s) scheduled at _____
 (Location)
 on _____, 20_____.
 (Date)