## 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  $\underline{\$75}$  examination fee (if applicable). To be accepted for examination, the completed application and fee must be received by the Department no later than <u>15 days prior to the examination date</u>. The fee, payable to the <u>Illinois</u> <u>Department of Public Health</u>, 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 APPI	LICANT			
CITY	STATE	ZIP CODE		
HOME TELEPHONE NUM		COUNTY		
	(area code)			
AGE OF APPLICANT	DATE OF BIRTH ***	/ SOC. SEC. #	/ /	
HIGH SCHOOL GRADUAT	<u>TE</u> Year	or GED CERTIFICATE	Year	
NAME & ADDRESS OF SC	HOOL			
	,	nay be requested by IDPH)		
PLACE OF EMPLOYMENT	(Business Name)			
PEST CONTROL BUSINES	S I. D. NUMBER (051 or 05	53, if applicable)	_	
BUSINESS ADDRESS				
CITY	STATE	ZIP CODE		
MAILING ADDRESS (if dif	ferent from above)			
BUSINESS TELEPHONE N	UMBER /	COUNTY		
	(area code)			
Have you ever been convict	ed of violating any structu	ral pest control law or regulation, o	r had a structural pest control lic	ense
or certification suspended,	revoked or denied, in this o	or any other state? No	Yes (If yes, attach a sepa	irate
sheet of paper and explain.)				
	*** <u>C</u> OMPI	LETE 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 MANDTORY. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

IL 482-0152 PCO FORM 1984-2/Rev. 7/13/10 **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.

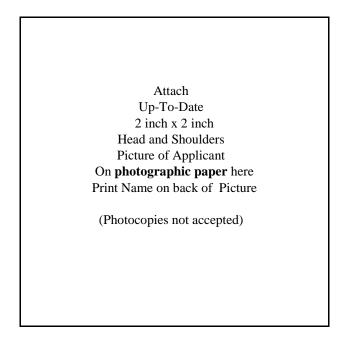
\_\_\_\_\_I am in compliance with a child support order.

\_\_\_\_\_ 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 <u>DPH.PestControl@illnois.gov.</u>



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

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