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 <u>\$75</u> examination fee (\$50 if adding subcategories to your current certificate) if applicable. To be accepted for examination, the completed applications and fee must be received by the Department no later than <u>15 days prior to the examination date</u>. All fees, payable to the <u>Illinois Department of Public Health</u>, shall be in the form of a certified check, money order, or personal check and are **non-refundable** in the event the application is unacceptable.

PRINT OR T						
NAME OF A	PPLICANT	(Last)	(1	irst)	2618	
HOME ADDI	RESS OF APPLICANT		,	rirst)	(Middle)	
				ZIP CODE		
HOME TELE	PHONE NUMBER_	/	OUNTY_			
	(are	ea code)				
					Year	
NAME/ADDI	RESS OF SCHOOL					
		(Verification may	be requested by I	DPH)		

EDUCATIO	<u>N *</u> (Complete if eligi	bility is based upon college co	ourse work or IDP	H approved pest control co	ourse)	
COLLEGE	<u>OLLEGE</u>			COURSE HOURS FOR ENTOMOLOGY RELATED FIELDS		
YEAR	NAME OF IN	STITUTION		QUARTER	SEMESTER	
PEST CONT	ROL COURSE*					
TITLE OF CO	OURSE	NAME/ADDRE	SS OF SPONSOR	F SPONSOR DATE		
* Attach Coll	ege Transcript or Pest	t Control Course Completion	Certificate to th	e Application		
		* *				
	`	NUMBER (051 or 053, if appli				
BUSINESS ADDRESS STATE				ZIP CODE		
BUSINESS TELEPHONE NUMBER/						
DOSINESS I	ELEI HONE NOWIDER	(area code)		COUNTT		
LIST EXPER	IENCE IN PEST CONT	TROL FIELD ATTACH A	DDITIONAL SHI	EET IF NECESSARY		
From	То					
(date)	(date)	Employer	Bu	siness Address	Supervisor	
					_	
					_	
					_	

*** 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.

WHAT PERCENT OF YOUR TOTAL EXPERIE GENERAL (Insects & Rodents)			ES? (Must	i total 100%)			
		% BIRD CONTROL % INSTITUTIONS					
		% FOOD INDUSTRY PEST CONTR	OI.				
•			WOOD TREATMENT PEST CONTROL				
				<u>%</u>			
wish to take the Structural Pest Control Techn Note: General Standards examination must be				in category]			
() GENERAL STANDARDS	() IN	ISECTS & RODENTS	()	BIRD CONTROL			
	() FU	JMIGATION	()	FOOD PROCESSING			
() INSTITUTIONS & MULTI- UNIT HOUSING	() W	OOD PRODUCTS PEST CONTROL	()	PUBLIC HEALTH			
Have you ever been convicted of violating an or certification suspended, revoked or denied and explain.)	in this or	any other state? No Yes	(If yes, attac	ch a separate sheet of paper			
ALL Applicants are required by law [5 ILCS 1 incomplete application and cause delay in proceed from the properties of court. Please place an "X" in the appropriate	essing your						
I am more than 30 days deling	quent in cor	nplying with a child support order.					
I am in compliance with a chi	ld support o	order.					
This statement does not apply	to me.						
 Date Date 		Location					
3. Date	_ Lo	ocation					
Important Notice: If you are unable to attend Department at least two (2) business days pri up for the scheduled examination, you will be another date. Written notification shall be sen Springfield, IL 62761, faxed to 217-785-0253.	or to the ex required to t to the Dep	amination date. If you fail to notify the I file a new application and fee in order to partment in care of the Division of Environment.	Department be eligible onmental He	as indicated and fail to sho to take the examination or			
		I hereby certify that the information co	ntained in t	his document is true and			
••		valid, and I understand that the Department may revoke any technician					
Attach		certificate for knowingly making false or fraudulent claims.					
Up-to-Date							
2 inch x 2 inch				/			
Head and Shoulders		Signature of Applicant		Date			
Picture of Applicant							
On Photographic Paper Here		I certify that this applicant has six months of practical experience in the					
Print Name on back of picture		requested structural pest control categor	ries.				
(Photocopies <u>NOT</u> accepted)							
		<u> </u>		_/			
		Signature of Supervisor		Date			
		(Supervisor's signature not needed if el	igibility bas	sed upon education).			