



## APPLICATION FOR FIELD REPRESENTATIVE'S LICENSE Business & Professions Code Section 8564

**LICENSE FEE: \$ 30**

**(Remit by money order, cashier's check or personal check payable to the Structural Pest Control Board)**

If you are already licensed as a field representative, it is only necessary to submit this form and your permanent wall license for upgrading. There is no fee for upgrading.

- Each question must be fully and truthfully answered.
- Attach sheets to this application wherever so directed or when space provided is not sufficient.
- An incomplete application will be returned to the applicant.
- **ALL FIELDS MUST BE TYPED OR PRINTED.**

<u>FOR BOARD USE ONLY</u>
ATS No. _____
Cashiering No. _____
Checked By _____
Effective Date _____
License No. _____
Branch _____
Class Code _____

<b>1. Check the branch(es) you are applying for:</b> <input type="checkbox"/> Branch 1 – Fumigation <input type="checkbox"/> Branch 2 – General Pest <input type="checkbox"/> Branch 3 – Termite		
<b>2. Check the type of Field Representative's License to be issued:</b> <input type="checkbox"/> Inactive License <input type="checkbox"/> Employee of a Company		
<b>3. Date of Birth:</b> _____	<b>4. Driver's License or California Identification No.:</b> _____	
<b>5. Social Security Number or Individual Tax Identification Number:</b> _____  Disclosure of your Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN) is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 (42 U.S.C.A. 405(c)(2)(C)) authorize collection of your SSN or ITIN. Your SSN or ITIN will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with Family Code Section 17520, or for verification of licensure or examination status by a licensing or examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your SSN or ITIN, your application for initial license will not be processed AND you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.		
<b>6. Name of Applicant:</b> (First)                      (Middle)                      (Last)		
<b>Residence Address:</b> (Building Number)                      (Street Name)                      (Unit Number)	<b>Telephone Number:</b> (    )	
(City)                      (State)                      (Zip)	<b>Email Address (optional):</b>	
<b>Mailing Address:</b> (Building Number)                      (Street Name)                      (Unit Number)		
(City)                      (State)                      (Zip)		
<b>7. Employer:</b>		
<b>Employer's Address:</b> (Building Number)                      (Street Name)                      (Unit Number)	<b>Telephone Number:</b> (    )	
(City)                      (State)                      (Zip)		

<b>8. Previous Employer:</b>		
<b>Previous Employer's Address:</b>		<b>Telephone Number:</b> Area Code (    )
<b>9. Are you presently licensed or have you previously been licensed as a structural pest control applicator, field representative, or operator in the State of California?</b> <span style="float: right;"><input type="checkbox"/> YES   <input type="checkbox"/> NO</span>		
If YES, state license number(s): _____		
<b>10. Give the name and address of individuals and businesses with whom you have been associated in the pest control business as partners or business associates in the last five years:</b>		
_____ _____		
<b>11. Are you now or have you ever been licensed to do structural pest control in another State?</b> <span style="float: right;"><input type="checkbox"/> YES   <input type="checkbox"/> NO</span>		
If YES, provide the name of the State and your license number _____ Type of License _____ Name license issued under _____		
<b>12. Are you at the present time employed or engaged in the structural pest control business?</b> <span style="float: right;"><input type="checkbox"/> YES   <input type="checkbox"/> NO</span>		
If YES, by whom and in what capacity? _____		
<b>13. Have you ever had a professional or vocational license refused, denied, suspended or revoked by this or any other State agency?</b> <span style="float: right;"><input type="checkbox"/> YES   <input type="checkbox"/> NO</span>		
If YES, attach a signed detailed statement.		
<b>14. Do you have any pending disciplinary action against you in regards to any professional or vocational license?</b> <span style="float: right;"><input type="checkbox"/> YES   <input type="checkbox"/> NO</span>		
If YES, attach a signed detailed statement.		
<b>15. Have you ever been connected with any person, partnership or corporation, whose professional or vocational license was refused, denied, suspended or revoked by this or any other State agency?</b> <span style="float: right;"><input type="checkbox"/> YES   <input type="checkbox"/> NO</span>		
If YES, attach a signed detailed statement.		
<b>16. Have you ever been found guilty of any violation or any provision of the Structural Pest Control Act?</b> <span style="float: right;"><input type="checkbox"/> YES   <input type="checkbox"/> NO</span>		
If YES, attach a signed detailed statement.		
<b>17. EXPERIENCE --</b> Submit all actual compensated structural pest control experience gained while in the employ of a company registered in the State of California. Experience must be certified on a CERTIFICATE OF EXPERIENCE FORM. Attach Certificate of Experience Form(s) to this application.		
Time Period		
From	Employer and Address	Description of duties performed
To		

**18. EQUIVALENT EXPERIENCE/TRAINING** - Submit all experience/training which you believe is equivalent to experience/training gained while in the employ of a pest control company. Such activities can include, but are not limited to, military service, structural pest control related occupations or any other related activity.

Time Period		Employer and Address	Description of duties performed
From	To		

**19. OUT OF STATE EXPERIENCE** -- Out of state experience will be evaluated as to the equivalency of experience under a structural pest control company registered to do business in the State of California.

State in which you gained experience: \_\_\_\_\_

Do you hold a license issued by that State? If YES, you must have a certified license history sent to the California Structural Pest Control Board from that state's licensing agency as well as a copy of that State's Rules and Regulations.

List in chronological order all structural pest control experience gained out of state. Experience must be certified by employer.

Attach certification of experience to this application.

Time Period		Employer and Address	Description of duties performed
From	To		

**20. Are you currently in the United States Military?**  YES  NO

**21. Have you ever served in the United States Military?**  YES  NO

**22. Are you, or someone that you are either married, in a legal union or domestic partnership with, an active duty member of the Armed Forces of the United States who is assigned to a duty station in California under official active duty military orders?**  YES  NO

**23. REFUGEE, ASYLUM, OR SPECIAL IMMIGRANT: DO ANY OF THE FOLLOWING APPLY TO YOU?**

- a. You were admitted to the United States as a refugee pursuant to section 1157 of Title 8 of the United States Code;
- b. You were granted asylum by the Secretary of Homeland Security or the United States (US) Attorney General pursuant to section 1158 of Title 8 of the United States Code; or
- c. You have a special immigrant visa that was granted a status pursuant to Section 1244 of Public Law 110-181, Public Law 109-163, or Section 602(b) of Title VI of division F of Public Law 111-8.

YES  NO

**CERTIFIED TRUE STATEMENT**

I certify under penalty of perjury under the laws of the State of California to the truth and accuracy of all statements and representations made in this application, including all statements attached hereto. I understand that falsifying information on this application may result in the denial of this application. I certify that I am at least eighteen years of age and have read and understand the "Notice of Collection of Personal Information."

**Original Signature**

**Date**

## **NOTICE ON COLLECTION OF PERSONAL INFORMATION**

### **Collection and Use of Personal Information**

The Structural Pest Control Board of the Department of Consumer Affairs collects the personal information requested on this form as authorized by Business and Professions Code Section 8564, California Code of Regulations Section 1936 and the Information Practices Act. The Structural Pest Control Board uses this information to identify and evaluate applicants for licensure, issue and renew licenses, enforce licensing standards set by law and regulation, update and maintain current licensee information, and for mailing purposes.

### **Mandatory Submission**

Submission of the requested information is mandatory. The Structural Pest Control Board cannot consider your application for licensure or renewal unless you provide all of the requested information.

### **Access to Personal Information**

You may review the records maintained by the Structural Pest Control Board that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

### **Possible Disclosure of Personal Information**

We make every effort to protect the personal information you provide us. The information you provide, however, may be disclosed in the following circumstances:

- In response to a Public Records Act request (Government Code Section 6250 and following), as allowed by the Information Practices Act (Civil Code Section 1798 and following);
- To another government agency as required by State or Federal law; or,
- In response to a court or administrative order, a subpoena, or a search warrant.

### **Contact Information**

For questions about this notice or access to your records, you may contact: The Structural Pest Control Board at 2005 Evergreen Street, Suite 1500, Sacramento, CA 95815, by phone at (916) 561-8704, or by email at [pestboard@dca.ca.gov](mailto:pestboard@dca.ca.gov).

For questions about the Department's Privacy Policy, you may contact the Department of Consumer Affairs at 1625 North Market Boulevard, Sacramento, CA 95834, by phone at (800) 952-5210, or by email at [dca@dca.ca.gov](mailto:dca@dca.ca.gov).