



**APPLICATION FOR  
 STRUCTURAL PEST CONTROL  
 FIELD REPRESENTATIVE EXAMINATION  
 FEE \$50 PER BRANCH**

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

<b><u>FOR BOARD USE ONLY</u></b>	
ATS No.	_____
Cashiering No.	_____
Results	_____

**INSTRUCTIONS:**

- 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.
- A \$50 Examination Fee per branch is required.
- **ALL FIELDS MUST BE TYPED OR PRINTED.**

**PLEASE NOTE:**

State law requires an applicant to complete the Live Scan/fingerprint process for the purpose of conducting criminal history record checks prior to licensure.

**DATE OF BIRTH** \_\_\_\_\_

**SOCIAL SECURITY NO.** \_\_\_\_\_  
 (or Individual Tax Identification Number)

<b>1. Check branch(es) in which you are applying for examination:</b>			
<input type="checkbox"/>	<b>Branch 1</b> - The practice relating to the control of household and wood-destroying pests or organisms by fumigation with poisonous or lethal gases.		
<input type="checkbox"/>	<b>Branch 2</b> - The practice relating to the control of household pests excluding fumigation with poisonous or lethal gases.		
<input type="checkbox"/>	<b>Branch 3</b> - The practice relating to the control of wood-destroying pests or organisms by the use of insecticides or structural repairs and corrections, excluding fumigation with poisonous or lethal gases.		
<b>2. Name of Applicant:</b> _____ <small>(First) (Middle) (Last)</small>			
<b>3. Residence Address:</b>			<b>Telephone Number:</b> ( )
City	State	Zip	<b>Email address:</b>
<b>4. Mailing Address:</b> <small>(This address is where the Candidate's Handbook will be mailed.)</small>			
City	State	Zip	
<b>5. Employed by:</b> <small>(Firm name)</small>			
<b>6. Employer's Address:</b>			<b>Telephone Number:</b> ( )
City	State	Zip	

<p>7. Are you 18 years of age or older?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>8. Have you ever applied for the field representative or operator's examination?</p> <p>If YES, when? _____</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>9. Are you presently licensed or have you previously been licensed as an applicator, a field representative or an operator in the State of California?</p> <p>If YES, state license number(s) _____</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>10. Do you have any pending disciplinary action against you in regards to a structural pest control professional or vocational license?</p> <p>If YES, attach a detailed statement.</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>11. Are you now or have you ever been a partner in a company or an officer of a corporation licensed by the Structural Pest Control Board?</p> <p>If YES, list name(s) of companies _____</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>12. Have you, or any company with which you have been affiliated, had a professional or vocational license denied, suspended, or revoked by this or any other state?</p> <p>If YES, attach a detailed statement.</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>13. Have you ever been convicted of any violation of any provision of the Structural Pest Control Act?</p> <p>If YES, attach a detailed statement.</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>14. Are you now or have you ever been licensed to do structural pest control in another State?</p> <p>If YES, you will be required to submit a certified license history from that State's Licensing Agency as well as a copy of that State's Rules and Regulations before the issuance of a license.</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>

**VIOLATION OF THE SECURITY OF THE EXAMINATION, INCLUDING CHEATING ON AN EXAMINATION, IS A MISDEMEANOR. IF YOU ARE FOUND GUILTY, YOU COULD RECEIVE A FINE, A JAIL SENTENCE OR BOTH. IT IS ALSO REASON FOR DISQUALIFICATION FROM THE EXAMINATION AND DENIAL OF A LICENSE.**

IF YOU VIOLATE THE SECURITY OF THE EXAMINATION AND ARE FOUND GUILTY, IN ADDITION TO OTHER PENALTIES, YOU WILL BE HELD LIABLE FOR ACTUAL DAMAGES CAUSED TO THE STRUCTURAL PEST CONTROL BOARD FOR UP TO \$10,000 AND THE COSTS OF LITIGATION (BUSINESS AND PROFESSIONS CODE SECTION 123).

**SOME VIOLATIONS OF EXAMINATION SECURITY ARE:**

- Removing examination materials from examination rooms
- Copying any portion of the examination materials
- Talking to any other candidate during the examination
- Copying answers from another candidate
- Allowing another person to copy your answers
- Having books, notes, etc. during the examination
- Taking the examination for someone else
- Letting someone else take your examination
- Memorizing questions or answers from the examination to share with others
- Getting examination questions or other materials before, during or after the examination
- Selling, buying, receiving any portion of a future, current or previously administered examination

The information on this application is required pursuant to Sections 8560 and following of the Business and Professions Code. All information requested in this application is mandatory, none is voluntary. Failure to provide any of the requested information will result in the application being rejected as incomplete. The information you furnish will be used to determine whether you do or do not meet the requirements for which you are applying. The information you provide may be transferred to other governmental and law enforcement agencies and may be disclosed upon a Public Records Act request made pursuant to Section 6250 of the Government Code. You have a right of access to records maintained by this agency which contain personal information about you subject to the provisions of the Information Practices Act. (§1798 et. seq of the Civil Code) The information is maintained by the Structural Pest Control Board, 2005 Evergreen Street, Suite 1500, Sacramento, CA 95815-3831; telephone 916/561-8704. The Registrar of the Board is the Custodian of Records.

**CERTIFIED TRUE STATEMENT**

I have read and understand the above and 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.

\_\_\_\_\_  
Original Signature of Applicant

\_\_\_\_\_  
Date

Attach 2" x 2" photo here

**IMPORTANT NOTE: REFER TO SECTION 8564 OF THE BUSINESS AND PROFESSIONS CODE TO ENSURE YOU MEET THE ELIGIBILITY REQUIREMENTS FOR LICENSURE.**

This application must be completed in accordance with the instructions provided on the first page of this application. Be sure you are prepared for the examination before completing this application. Lack of preparation is not considered a valid reason for postponement, as provided in section 1941 of the Rules and Regulations. Such request will be denied and the examination fee forfeited.

Disclosure of your social security number (SSN) or Individual Tax identification Number (ITIN) is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 (42 USCA 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 examination will not be processed AND you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.

If you have any questions regarding the application for examination, contact the Examination/Licensing Unit.

## **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 8560 and the Information Practices Act. The Structural Pest Control Board uses this information principally 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).