



# **CERTIFICATE OF TRAINING/EXPERIENCE FOR OPERATORS APPLICATION**

In accordance with Section 8562 of the Structural Pest Control Act, an applicant for the Operator's Examination must submit proof satisfactory to the Board that he/she has had experience for a period of not less than the time specified opposite the branches listed below in the employ of a registered company in the State of California in the particular branch or branches of pest control for which the applicant desires to be licensed, or the equivalent of such experience.

Branch 1 ...... 2 Years (1 year as a Field Representative Branch 1 required) Branch 2 ...... 2 Years (1 year as a Field Representative Branch 2 required) Branch 3 ...... 4 Years (2 years as a Field Representative Branch 3 required)

Experience must be actual experience in the field and must be certified on this form. This form must be filled out and signed by the qualifying manager on behalf of the applicant. **ALL FIELDS MUST BE TYPED OR PRINTED.** 

Full Name of Applicant:(First)(First)	/iddle) (Last)
Full Time Employment:	Part Time Employment:
From to mo day year mo day year	From to mo day year mo day year
nio day year nio day year	mo day year mo day year
Total hours worked	Total hours worked
I otal hours worked I otal hours worked   Duties: (job titles are unacceptable; duties must be detailed and specific)	
<b>-</b>	· ,
A separate Certificate of Experience must be filled out for each branch.	
I certify under penalty of perjury under the laws of the State of California that the above named applicant has	
been employed for the period indicated above and in the course of such employment has obtained experience	
as stated above.	
Company Name:	
Address of Principal Office:	Telephone Number:
	Area Code()
Original Signature of Qualifying Manager:	Date Signed:
Nome of Qualifying Managery	Oneveter License No.
Name of Qualifying Manager:	Operator License No.:
42E 2 Day 05/2015	

# 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 8562, California Code of Regulations Section 1937, 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 <u>pestboard@dca.ca.gov</u>.

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 <u>dca@dca.ca.gov</u>.