

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCYGAVIN NEWSOM, GOVERNORDEPARTMENT OF CONSUMER AFFAIRSSTRUCTURAL PEST CONTROL BOARD2005 Evergreen St., Suite 1500, Sacramento, CA 95815P (916) 561-8704F (916) 263-2469Www.pestboard.ca.gov



# Application For Temporary Licensure to Practice Structural Pest Control (Military Spouses/Partners)

Business & Professions Code (BPC) sections 115.6, 8562, 8564, 8564.6, and California Code of Regulations, Title 16, Division 19 section 1936

<u>NOTICE</u> <u>A temporary license issued by the Board is nonrenewable and shall expire 12 months after issuance, upon issuance or denial of a standard license, upon issuance or denial of a license by endorsement, or upon issuance or denial of a nexpedited license pursuant to BPC section 115.5.</u>								
Definitions: For the purposes of this application, the following definitions shall apply:								
<ol> <li>"Disciplined" means that the applicant's license was placed on probation, revoked, suspended, reproved, censured, reprimanded, restricted, limited, or conditioned.</li> <li>"Jurisdiction" shall mean a California or another state's licensing board or agency, any agency of the federal government, or another country.</li> <li>"Disciplinary proceeding" shall mean any proceeding or investigation under the authority of the licensing jurisdiction pursuant to which a licensee may be disciplined.</li> </ol>								
License Application Type:	Branch(es):							
□ Applicator	□ Branch 1 – Fumigation							
Field Representative	Branch 2 – General Pest							
□ Operator	□ Branch 3 – Termite							
Name of Applicant: (First) (Middle) (Last)								
Social Security Number: (or Individual Tax Identification Number)	Date of Birth: (MM/DD/YYYY)							
Residence Address: (street, unit)	Telephone Number:							
City State	Zip							
Email address:								
Mailing Address: (street, unit)								
City State	Zip							
Structural Pest Control Company Employed By: (Company Name)								
Employer's Address: (street, unit)	Telephone Number:							
City State	Zip							

	U.S. MILITARY REQUIREMENT (For Spouses/Domestic Partners of U.S. Military Members)						
1.	<ul> <li>Are you married to, or in a domestic partnership or other legal union, 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?</li> <li>*If YES, please provide with this application the following documentation required to process your request for a temporary license. Failure to do so shall result in the application being deemed incomplete and the application will not be processed:</li> <li>Certificate of marriage or certified declaration/registration of domestic partnership filed with the California Secretary of State or other documentary evidence of legal union with an active-duty member of the Armed Forces.</li> <li>A copy of the military orders establishing the applicant's spouse's or partner's duty</li> </ul>	□ YES*	□ NO				
	station in California.						
	PROFESSIONAL LICENSE OR CERTIFICATION HISTORY						
2.	<ol> <li>Do you hold a current, active, and unrestricted license, or comparable authority to practice structural pest control in another state, district, or territory of the United States?</li> <li>*If YES, please submit the following with this application to the Structural Pest Control Board (SPCB):</li> <li>A copy of the applicant's current license type, registration, or other comparable authority to practice structural pest control in another state, district, or territory of the United States, including the number issued to the applicant by the original licensing jurisdiction, and relevant law(s) and regulation(s) under which the license was issued.</li> <li>Written verification from the applicant's original licensing jurisdiction that the applicant's license, registration, or other comparable authority ("license") is in good standing in that jurisdiction. The verification shall include all of the following:         <ul> <li>The full legal name of the applicant and any other name(s) the applicant has used or has been known by.</li> <li>The license number issued to the applicant by the original licensing jurisdiction.</li> <li>The issuance and expiration date of the license.</li> <li>Information showing that the applicant's license is currently in good standing. For the purposes of this section, "good standing" shall mean:                 <ul> <li>The applicant is not the subject of an unresolved complaint or review procedure.</li> <li>The applicant is not the subject of any unresolved disciplinary proceeding.</li> </ul> </li> </ul></li></ol>		□ NO				

#### APPLICANT'S BACKGROUND AND HISTORY

*With the exception of acts that would have constituted grounds for denial, suspension or revocation due to criminal history (BPC sections 480, 490, 8623), if you answer YES to any of the questions in this section, you must attach a written narrative that includes the incident date, location, and outcome. If disciplined by another regulatory body, ALL certified documents must be attached with a letter of explanation. Include any disciplinary actions by another state licensing board (in or outside of California), any agency of the federal government (U.S.), the U.S. Military or another country. State law requires an applicant complete the Live Scan/fingerprint process for the purpose of conducting criminal history record checks prior to licensure. Pursuant to Section 480 of the Business and Professions Code, the SPCB is not authorized to require an applicant to disclose any information or documentation regarding the applicant's criminal history.										
3. Have you ever committed an act or acts in any jurisdiction that would have constituted grounds for denial, suspension, or revocation of the license pursuant to Sections 141, 480, 490, or 8623 of the California Business and Professions Code?							□ NO			
4. Have you ever been disciplined by a licensing entity in another jurisdiction?										
5. Are you the subject of an unresolved complaint, review procedure, or disciplinary proceeding conducted by a licensing entity in another jurisdiction?										
LICENSE HISTORY										
Country Number From To (act						ent Status of License tive, inactive, suspended, ed, probation, other, explain)				
ADDITIONAL EXPLANATIONS										
If you need space for additional answers to any of the application questions, list the question number and provide additional information as needed.										

### **APPLICATION CERTIFICATION**

NOTICE: FALSIFICATION OR MISREPRESENTATION OF ANY ITEM OR RESPONSE ON THIS APPLICATION OR ANY ATTACHMENT HERETO IS GROUNDS FOR DENYING THE APPLICATION. IN ADDITION, ANY TEMPORARY LICENSE ISSUED AFTER THE APPLICATION IS PROCESSED WILL BE IMMEDIATELY TERMINATED UPON A FINDING THAT THE LICENSE HOLDER PROVIDED SUBSTANTIVELY INACCURATE INFORMATION THAT WOULD AFFECT THE PERSON'S ELIGIBILITY FOR TEMPORARY LICENSURE (BPC SECTION 115.6).

I hereby certify that I meet all the requirements for the temporary license, and that the information submitted in this application is accurate, to the best of my knowledge.

APPLICANT'S SIGNATURE: DATE:

PRINTED NAME:

## 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.

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.