



WORKSHOP INTEREST FORM

Name: _____

LICENSE TYPE	LICENSE NUMBER	ACTIVE STATUS
Applicator	RA	Yes <input type="checkbox"/> No <input type="checkbox"/>
Company Name:		
Field Representative	FR	Yes <input type="checkbox"/> No <input type="checkbox"/>
Company Name:		
Operator	OPR	Yes <input type="checkbox"/> No <input type="checkbox"/>
Company Name:		
CONTACT INFORMATION		
Telephone Number		
E-Mail Address		
PRELIMINARY QUESTIONNAIRE		
1. Are you actively working in the industry?		Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Are you a SPCB approved continuing education provider?		Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Are you a trainer for a pest control company?		Yes* <input type="checkbox"/> No <input type="checkbox"/>
*If you answered yes to question 3, please provide an explanation of the training provided:		

Please choose one of the following methods to return your interest form to the SPCB:

Email

SPCBWorkshops@dca.ca.gov

Mail

2005 Evergreen Street, Suite 1500
 Sacramento, CA 95815

Fax

(916) 263-2469

You may also call the SPCB directly at (916) 561-8700 should you have any questions regarding these workshops.