



AFFIDAVIT OF LOST LICENSE/REGISTRATION

FEE: \$2 PER COPY

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

Please Print or Type

FOR BOARD USE ONLY	
Cashiering No.	
License No.	
Checked by	Date Processed

Request is hereby made for: <input type="checkbox"/> Replacement of original license, registration. (Wall) <input type="checkbox"/> Replacement of current renewal receipt. (Pocket)	
Full Name: (First) _____ (Middle) _____ (Last) _____	License or Registration No. _____
Residence Address: _____	Telephone Number Area Code() _____
Employer: _____	Date of Birth _____
Change of Employment? <input type="checkbox"/> No <input type="checkbox"/> Yes - If yes, complete a Transfer of Employment form.	
Principal Office Address: _____	Branch Office Address: _____
Please indicate which address you wish to use for mailing purposes: <input type="checkbox"/> Residence <input type="checkbox"/> Business	
State circumstances regarding loss of license/registration: _____	
SOCIAL SECURITY NO. _____ FEIN NO. _____ Disclosure of your social security number (or federal employer identification number ("FEIN"), if you are a partnership) 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 social security number. Your social security number or FEIN will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with section 11350.6 of the Welfare and Institutions Code, 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. <u>If you fail to disclose your social security number or your FEIN, your application for initial or renewal license will not be processed AND you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.</u>	
The information on this application is required pursuant to Section 8500 and 8697.5 inclusive of the Business and Professions Code. The information is maintained by the Structural Pest Control Board, 2005 Evergreen Street, Suite 1500, Sacramento, CA 95815-3831; telephone 916/561-8704. 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. It may be transferred to other law enforcement agencies. You have a right of access to records maintained by this agency which contain personal information about you.	
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 under penalty of perjury under the laws of the State of California concerning the license or registration described above that I will immediately return the license or registration to the Structural Pest Control Board should said license or registration be found, or report its whereabouts should it become known to me; and that this statement is true and correct.	
Signature of Licensee _____	Print Name _____
Date _____	