



STRUCTURAL PEST CONTROL BOARD

2005 EVERGREEN STREET, SUITE 1500
SACRAMENTO, CA 95815-3831
(916) 561-8704



RENEWAL NOTICE

PART 1

FILL IN THE FOLLOWING INFORMATION & RETAIN PART 1 FOR YOUR RECORDS. RETURN PARTS 2 & 3 TO THE ADDRESS SHOWN IN PART 2.
***** I M P O R T A N T *****
CERTIFICATES OF COURSE COMPLETION MUST BE MAINTAINED FOR THREE YEARS. SEND A SEPARATE CHECK OR MONEY ORDER MADE PAYABLE TO THE STRUCTURAL PEST CONTROL BOARD FOR EACH RENEWAL.

RSTFR
04/26/14

TYPE	LICENSE NO	LICENSE EXPIRES	RENEWAL FEE PAID	DATE RENEWAL MAILED	YOUR CHECK NUMBER
			\$ _____	____/____/____	_____

INSTRUCTIONS FOR RENEWAL (Please Read Carefully)

YOUR FIELD REPRESENTATIVE LICENSE EXPIRES ON THE DATE PRINTED BELOW.
 This renewal application must be returned to the Board by June 30. After June 30, it is unlawful to perform duties requiring licensure until the license is renewed. License renewals not returned by June 30 are DELINQUENT. The delinquent renewal period is July 1 to September 30. A delinquent renewal fee of an additional \$15.00 is charged for renewing late. After September 30, those expired licenses CANNOT be renewed and are canceled by the Board. The postmarked cancellation date on the envelope is the date used in determining whether a renewal is delinquent.
 All licensees renewing must fulfill the full continuing education requirement by June 30. See chart below.

Operator & Field Representative	Total Hours Required	R & R	Technical Hours			Other Hours of Choice	IPM
			Branch 1	Branch 2	Branch 3		
Branch 1	16	8	4			4	
Branch 2	16	8		4		2	2
Branch 3	16	8			4	2	2
Branches 1 & 2	20	8	4	4		2	2
Branches 1 & 3	20	8	4		4	2	2
Branches 2 & 3	20	8		4	4	2	2
Branches 1, 2 & 3	24	8	4	4	4	2	2

You must complete parts C, D, and H below. Your signature certifies under penalty of perjury that you have completed the required number of continuing education hours. FOR AUDIT PURPOSES, YOU MUST MAINTAIN CERTIFICATES OF COURSE COMPLETION FOR THREE YEARS. All continuing education hours used to renew this license must have been earned within the three-year period prior to the expiration date.

* CHANGES TO CONTINUING EDUCATION REQUIREMENTS = PLEASE READ CAREFULLY

Section 1950 requires that all branch 2 and/or 3 licensees that renew on or after June 30, 2010, complete two hours of Integrated Pest Management (IPM) education as part of the renewal requirements. Field representatives and operators licensed in branch 2 and/or 3 will be required to complete, 8 hours of rules and regulations, 4 technical hours in each licensed branch, 2 hours of IPM and 2 general hours.

* Licensees with more than one license may use the same hours to fulfill the renewal requirements for each license.

* Licensees may take an examination in lieu of completing continuing education. Each examination may be taken only once and no earlier than one year prior to the license expiration date. If the examination is failed, the licensee must obtain the necessary continuing education hours. Anyone interested in taking these examination(s) should contact the Board.

DETACH HERE & RETAIN PART 1 FOR YOUR RECORDS. ALLOW 6-8 WEEKS FOR PROCESSING YOUR RENEWAL.

RETURN THIS FORM WITH YOUR CHECK OR MONEY ORDER.
MADE PAYABLE TO THE STRUCTURAL PEST CONTROL BOARD.

PART 2

Structural Pest Control Board
 2005 Evergreen Street, Suite 1500
 Sacramento, CA 95815

PART 3



License Renewal Application Field Representative

Continuing Education Certification - I have completed **C** (____) hours of continuing education required for renewal of my license. I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE FOREGOING IS TRUE AND CORRECT.

D. SIGNATURE _____
H. DATE _____

IF LICENSE STATUS IS ACTIVE INDICATE COMPANY EMPLOYED WITH _____
 PRINCIPAL REGISTRATION NO. PR _____

DELINQUENT IF POSTMARKED AFTER
 06/30/2019
 \$45.00

PASSED CE CHALLENGE EXAMINATION INSTEAD OF COMPLETING CONTINUING EDUCATION
F. () YES G. () NO

LICENSE NO _____ LICENSE EXPIRES 06/30/2019 AMOUNT DUE \$30.00

E. DO NOT COMPLETE UNLESS YOU HAVE AN ADDRESS CHANGE (NAME CHANGE INSTRUCTIONS IN PART 1)
 FULL NAME _____
 MAILING ADDRESS _____
 CITY _____ STATE _____ ZIP _____

LICENSE STATUS
 IF YOU WISH TO CHANGE YOUR STATUS PLEASE CHECK ONE OF THE FOLLOWING BOXES.
 A. ACTIVE
 B. INACTIVE

NAME: _____

ADDRESS: _____

ENTER YOUR PHONE NUMBER FOR REFERENCE
 PHONE NUMBER (____) _____