



APPLICATION FOR OPERATOR'S LICENSE

LICENSE FEE: \$120

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

If you are already licensed as an operator, it is only necessary to submit this form and your permanent wall license for upgrading. There is no fee for upgrading.

- Each question must be fully and truthfully answered.
- Attach sheets to this application wherever so directed or when space provided is not sufficient.
- An incomplete application will be returned to the applicant.
- **ALL FIELDS MUST BE TYPED OR PRINTED.**

FOR BOARD USE ONLY

ATS No. _____

Cashiering No. _____

Checked By _____

Effective Date _____

License No. _____

Branch _____

Class Code _____

Business & Professions Code Section 8562

1. Check the branch(es) you are applying for: <input type="checkbox"/> Branch 1 – Fumigation <input type="checkbox"/> Branch 2 – General Pest <input type="checkbox"/> Branch 3 – Termite		
2. Check the type of Operator's License to be issued: <input type="checkbox"/> Inactive License <input type="checkbox"/> Employee of a Company <input type="checkbox"/> Qualifying Manager		
3. Date of Birth: _____		4. Driver's License or California Identification No.: _____
5. Social Security Number or Individual Tax Identification Number: _____ Disclosure of your Social Security Number (SSN) or Individual Tax Identification Number (ITIN) is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 (42 U.S.C.A. 405(c)(2)(C)) authorize collection of your SSN or ITIN. Your SSN or ITIN will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with Family Code Section 17520, 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. If you fail to disclose your SSN or ITIN, your application for initial license will not be processed AND you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.		
6. Name of Applicant: (First) _____ (Middle) _____ (Last) _____		
Residence Address: (Building Number) _____ (Street Name) _____ (Unit Number) _____		Telephone Number: () _____
(City) _____ (State) _____ (Zip) _____		Email Address (optional): _____
Mailing Address: (Building Number) _____ (Street Name) _____ (Unit Number) _____		
(City) _____ (State) _____ (Zip) _____		
7. Employer: _____		
Employer's Address: (Building Number) _____ (Street Name) _____ (Unit Number) _____		Telephone Number: () _____
(City) _____ (State) _____ (Zip) _____		

8.	Are you presently licensed or have you previously been licensed as a structural pest control applicator, field representative, or operator in the State of California?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	If YES, state license number(s): _____	
9.	Give the name and address of individuals and businesses with whom you have been associated in the pest control business as partners or business associates in the last five years:	
	_____ _____ _____	
10.	Are you now or have you ever been licensed to do structural pest control in another State?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	If YES, provide the name of the State and your license number _____ Type of License _____ Name license issued under _____	
11.	Are you at the present time employed or engaged in the structural pest control business?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	If YES, by whom and in what capacity? _____	
12.	Have you ever had a professional or vocational license refused, denied, suspended or revoked by this or any other State agency?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	If YES, attach a signed detailed statement.	
13.	Do you have any pending disciplinary actions against you in regards to any professional or vocational licenses?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	If YES, attach a signed detailed statement.	
14.	Have you ever been associated with any person, partnership or corporation, whose professional or vocational license was refused, denied, suspended or revoked by this or any other State agency?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	If YES, attach a signed detailed statement.	
15.	 Have you ever been convicted of, or plead guilty or nolo contendere to ANY offense in the United States or a foreign country? This includes every citation, infraction, misdemeanor and/or felony, including traffic violations. NOTE: Convictions that were adjudicated in the juvenile court or convictions two years or older under California Health and Safety Code sections 11357(b), (c), (d), (e) or section 11360(b) should NOT be reported. Convictions that were later expunged from the records of the court or set aside pursuant to section 1203.4, 1203.4(a), or 1203.41 of the California Penal Code or equivalent non-California law MUST be disclosed. (Minor traffic violations resulting in a fine of \$300.00 or less do not need to be disclosed.) Proof of dismissal: If you have obtained a dismissal of your conviction(s) pursuant to Penal Code sections 1203.4, 1203.4(a), or 1203.41, please submit a certified copy of the court order dismissing the conviction(s) with your application. 	
	 If YES, attach a signed detailed statement. 	 <input type="checkbox"/> YES <input type="checkbox"/> NO
16.	 Is any criminal action pending against you, or are you currently awaiting judgment and sentencing following entry of a plea or jury verdict? 	 <input type="checkbox"/> YES <input type="checkbox"/> NO
	 If YES, attach a signed detailed statement. 	
17-15.	Are you currently in the United States Military?	<input type="checkbox"/> YES <input type="checkbox"/> NO
18-16.	Have you ever served in the United States Military?	<input type="checkbox"/> YES <input type="checkbox"/> NO
19-17.	Are you, or someone that you are either married, in a legal union or domestic partnership 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?	<input type="checkbox"/> YES <input type="checkbox"/> NO
20-18.	Have you ever been found guilty of any violation or any provision of the Structural Pest Control Act?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	If YES, attach a signed detailed statement.	

21.19. EXPERIENCE -- Submit all actual compensated structural pest control experience gained while in the employ of a company registered in the State of California. Experience must be certified on a CERTIFICATE OF EXPERIENCE FORM. Attach Certificate of Experience Form(s) to this application.

Time Period		Employer and Address	Description of duties performed
From	To		

22.20. EQUIVALENT EXPERIENCE/TRAINING - Submit all experience/training which you believe is equivalent to experience/training gained while in the employ of a pest control company. Such activities can include but are not limited to military service, structural pest control related occupations or any other related activity.

Time Period		Employer and Address	Description of duties performed
From	To		

23.21. OUT OF STATE EXPERIENCE -- Out of state experience will be evaluated as to the equivalency of experience under a structural pest control company registered to do business in the State of California.

State in which you gained experience: _____

Do you hold a license issued by that State? If YES, you must have a certified license history sent to the California Structural Pest Control Board from that state's licensing agency as well as a copy of that State's Rules and Regulations.

List in chronological order all structural pest control experience gained out of state. Experience must be certified by employer. Attach certification of experience to this application.

Time Period		Employer and Address	Description of duties performed
From	To		

The information on this application is required pursuant to Section 8560 and following of the Business and Professions Code. 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. The information you provide may be transferred to other governmental and law enforcement agencies and may be disclosed upon a Public Records Act request made pursuant to Section 6250 of the Government Code. You have a right of access to records maintained by this agency which contain personal information about you subject to the provisions of the Information Practices Act. (§1798 et. seq of the Civil Code) The information is maintained by the Structural Pest Control Board, 2005 Evergreen Street, Suite 1500, Sacramento, CA 95815-3831; telephone 916/561-8704. The Registrar of the Board is the Custodian of Records.

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 that I am at least eighteen years of age and have read and understand the "Notice of Collection of Personal Information."

Original Signature

Date

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 1936 and the Information Practices Act. The Structural Pest Control Board uses this information 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.