



REGISTRATION OF COMPANY

INSTRUCTIONS FOR COMPLETING THE APPLICATION

THE REQUEST FOR APPROVAL OF REGISTERED COMPANY MUST BE APPROVED PRIOR TO COMPLETION OF APPLICATION FOR COMPANY REGISTRATION.

Once a namestyle has been approved by the Board, complete pages 2 and 3 and return it with the required fee, the certificate of insurance form and the original surety bond form.

SOLE-OWNER OR PARTNERSHIP ONLY

If namestyle is fictitious, you must file with the county recorder's office and submit a copy of the fictitious name statement to this office along with the above documents.

CORPORATION

The Articles of Incorporation must be submitted after endorsement by the Secretary of State (copy is acceptable). If filing for DBA, submit a copy of the fictitious name statement from county recorder's office. The Board does not recognize Limited Liability Companies (LLCs).

Section 8610 of the Business and Professions Code requires corporations to report the names of its shareholders with 10 percent or more ownership interest. (Attach separate lists if additional space is needed)

**APPLICATION FOR
REGISTRATION OF COMPANY**
Business and Professions Code Section 8610
FEE: \$120

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

There is no fee for upgrading.

Check branch(es) in which you are applying for registration.

Branch 1 Fumigation **Branch 2** General Pest **Branch 3** Termite

- Application must be accompanied by a Registration Fee of \$120.00.
- Each question must be fully and truthfully answered. Attach sheets to this application wherever so directed or when space provided is not sufficient.
- Each question must be answered as applying to all members of partnership or qualifying officers of a corporation and shareholders with 10% ownership or more in a corporation.
- Any material misrepresentation is grounds for refusal or subsequent revocation of a license.
- **ALL FIELDS MUST BE TYPED OR PRINTED.**

FOR BOARD USE ONLY	
ATS No.	
Cashiering No.	
Bond	Insurance
Art. of Inc./fictitious business name	
Branch	Class Code
Registration No.	
Date Issued	Checked By

1. FIRM NAME by which registration is to be issued:				
2. Address of principal place of business: (Building Number) (Street Name) (Unit Number) (City) (State) (Zip Code)				
Mailing address: (Building Number) (Street Name) (Unit Number) (City) (State) (Zip Code)				
3. Telephone number: Area Code ()			Email Address (optional):	
4. Doing Business As: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation				
5. Principal office is located in: <input type="checkbox"/> Commercial Building <input type="checkbox"/> Residence				
6. Is principal office clearly marked or to be marked by a sign designating the business? <input type="checkbox"/> YES <input type="checkbox"/> NO				
7. Are there shareholders of this company with 10% ownership or more? <input type="checkbox"/> YES <input type="checkbox"/> NO				
If YES, list shareholders below and percentage of ownership.				
8. Give FULL NAME, Title & Address of individual owner, qualifying manager, partners, all officers of corporation, and shareholders with percentage of ownership:				
Name (Do not use initials) (Please print)	License No. (If any)	Title or Position	Shareholder Percentage	Residence Address (If rural delivery, also name road or district)
9. Social Security Number, Individual Tax Identification Number, or Federal Employee ID Number: _____				
Disclosure of your Social Security Number (SSN), Individual Tax Identification Number (ITIN), (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 SSN or ITIN. Your SSN, ITIN, 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 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, ITIN, or 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.				

<p>10. Give the name and address of individuals and businesses with whom you, or any of you, have been associated with in the pest control business as partners or business associates in the last five years:</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>11. Are you, or any of you, at the present time employed or engaged in the structural pest control business? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If YES, by whom and in what capacity? _____</p>
<p>12. Have you, or any of 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</p> <p>If YES, attach a signed detailed statement.</p>
<p>13. Have you, or any of 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</p> <p>If YES, attach a signed detailed statement.</p>
<p>14. Do you, or any of you, have any pending disciplinary action(s) against you, or any of you, by any State agency in regards to any professional or vocational license? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If YES, attach a signed detailed statement.</p>
<p>15. Will any individual, not listed above as an officer or partner, be associated in any capacity with you, who has had a pest control license revoked or suspended, or application refused by this or any other State? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If YES, attach a signed detailed statement.</p>
<p>16. Have you, or any of 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. <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>_____ If YES, attach a signed detailed statement.</p>
<p>17. Is any criminal action pending against you, or any of you, or are you, or any of you, currently awaiting judgment and sentencing following entry of a plea or jury verdict? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>_____ If YES, attach a signed detailed statement.</p>
<p>18. 16. Are you, or any of you, currently in the United States Military? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>19. 17. Have you, or any of you, ever served in the United States Military? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>20. 18. Are you, or any of you, or someone that you, or any of 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</p>
<p>21. 19. Have you, or any of 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</p> <p>If YES, attach a signed detailed statement.</p>

The information on this application is required pursuant to Section 8610 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 have read and understand the "Notice of Collection of Personal Information."

Original Signature	Printed Name	Title	Date

A sole owner must sign this application personally. A partnership application must be signed by each partner. A corporate application must be signed by all officers of a corporation and shareholders with 10% or more ownership in a corporation.
Each Qualifying Manager must also sign this application.

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 8610, California Code of Regulations Section 1936.1 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.