

## APPLICATION FOR APPLICATOR LICENSE

### LICENSE FEE \$35 (unless waived, see question No. 21)

<b>SPCB USE ONLY</b>	ATS No.		Cashiering No.		Checked By
	Effective Date	License No.	Branch		Class Code

**IMPORTANT:** Applicants applying for an original applicator license shall pass the SPCB'S California Branch 2 or 3 Applicator Examination required by Business and Professions Code (BPC) section 8564.5 prior to submission of this application. Failure to comply with these requirements will result in rejection of this application.

- Each question must be fully and truthfully answered. An application may be denied if an applicant knowingly makes a false statement of fact that is required to be revealed in the application for the license. (See BPC section 480(e).)
- Attach additional sheets to this application wherever so directed or when space provided is not sufficient.
- An incomplete application will be returned to the applicant.
- Failure to provide all information requested will also result in application review delays.
- A \$35 License Fee is required. Submit the fee by money order, cashier's check, personal check, or certified check payable to the *Structural Pest Control Board* with this application to the address noted above.
- Notice:** Under BPC sections 31 and 494.5, the State California Department of Tax and Fee Administration (CDTFA) and the Franchise Tax Board (FTB) may share taxpayer information with the SPCB. You are required to pay your state tax obligation. This application may be denied, or your license may be suspended if you have a state tax obligation, the state tax obligation is not paid, and your name appears on the CDTFA or FTB certified list of 500 largest tax delinquencies.

1. Name of Applicant: (Full name as it appears on your government issued identification.) <div style="display: flex; justify-content: space-between;"> <span>(First)</span> <span>(Middle)</span> <span>(Last)</span> </div>		
2. Date of Birth: (MM/DD/YYYY)		3. SSN/ITIN:
4. Residence Address: (Building Number) (Street Name) (Unit Number)		
City:	State:	Zip:
5. Mailing Address: (Note: This address will be made available to the public in accordance with BPC section 27. You may provide a P.O. Box or other alternate address in lieu of your residence address in response to this question.) <div style="display: flex; justify-content: space-between;"> <span>(Building Number)</span> <span>(Street Name)</span> <span>(Unit Number)</span> </div>		
City:	State:	Zip:
6. Telephone Number: (   )	7. Email Address:	
8. Employer:		9. Employer's Telephone Number: (   )

10. Employer's Address: (Building Number)			(Street Name)	(Unit Number)
City:		State:		Zip:
11. Are you 18 years of age or older? (An individual must be 18 years of age or older to qualify for an applicator license)				<input type="checkbox"/> YES <input type="checkbox"/> NO
12. 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? If YES, provide license number(s):				<input type="checkbox"/> YES <input type="checkbox"/> NO
13. Give the names and addresses of individuals and businesses with whom you have been associated in the pest control business as a partner or business associate in the last five years (attach additional sheets if needed):  _____				
14. Are you at the present time employed or engaged in the structural pest control business? If YES, by whom and in what capacity?				<input type="checkbox"/> YES <input type="checkbox"/> NO
15. Within the preceding seven (7) years from the date of the application and excluding actions based upon any criminal conviction history, have you ever had any professional or vocational license or certificate denied, suspended, revoked, or otherwise disciplined by the SPCB or any other governmental authority in this state or any other state, U.S. federal jurisdiction, or foreign country?				<input type="checkbox"/> YES <input type="checkbox"/> NO
16. Within the preceding seven (7) years from the date of the application and excluding actions based upon any criminal conviction history, have you ever acting as a partner, officer, managing employee, or qualifying manager of a firm, partnership, or corporation, had knowledge of and participated in the commission of any act resulting in the suspension or revocation of a license or company registration?				<input type="checkbox"/> YES <input type="checkbox"/> NO
17. Excluding actions based upon any criminal conviction history, have you received notice of any pending disciplinary action(s) against you regarding any professional or vocational license or certificate issued by any other governmental authority in this state or any other state, U.S. federal jurisdiction, or foreign country?				<input type="checkbox"/> YES <input type="checkbox"/> NO
18. If you answered YES to questions 15, 16, or 17, attach copies of the disciplinary decision taken by the licensing board, agency, or other governmental organization ("board") that contains the following information:  (A) the type of disciplinary action taken (e.g., revocation, suspension, probation), (B) the effective date of the disciplinary action, (C) the license type, (D) the license number, (E) the name and location of the licensing board, and (F) an explanation of the violations found by the licensing board.  In addition, you may submit a statement or documents showing your rehabilitation efforts or any mitigating information that you would like the SPCB to consider.				
19. Are you currently serving in, or have you previously served in, the United States Military?				<input type="checkbox"/> YES <input type="checkbox"/> NO
20. Have you served as an active-duty member of the US Armed Forces and were you honorably discharged per BPC section 115.4(a)?  *If YES, attach a copy of your previous military service (DD214 – Certificate of Release or Discharge from Active Duty, or current military orders) for expedited review of your application.				<input type="checkbox"/> YES <input type="checkbox"/> NO

<p>21. Do you already hold a current, active license, or comparable authority, to act as an operator in another U.S. state or territory, and your spouse or domestic partner is an active-duty member of the Armed Forces of the United States and was assigned to a duty station in California under official orders?</p> <p>If YES, your application will receive an expedited review and a waiver of the license fee. Note: if you meet the military spouse or domestic partner requirement please scan and attach copies of the following documentation to this application:</p> <ul style="list-style-type: none"> <li>(A) certificate of marriage or certified declaration/registration of domestic partnership filed with the Secretary of State or other documentary evidence of legal union with an active-duty member of the U.S. Armed Forces,</li> <li>(B) a copy of your current license in another state, district, or territory of the United States, and</li> <li>(C) a copy of the military orders establishing your spouse or partner's duty station in California.</li> </ul>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>22. Are you an active-duty member of a regular component of the United States Armed Forces and enrolled in the United States Department of Defense's SkillBridge program as authorized under section 1143(e) of title 10 of the United States Code and requesting expedited processing of your application pursuant to BPC section 115.4, subdivision (b)?</p> <p>If YES, please provide the following with your application: a written approval document or letter from your respective United States Armed Forces Service branch (Army, Navy, Air Force, Marine Corps, Space Force or Coast Guard), signed by your first field grade commanding officer that specifies your name, the approved SkillBridge opportunity, and the specified duration of your participation (i.e., start and end dates).</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>23. <b>REFUGEE, ASYLEE, OR SPECIAL IMMIGRANT:</b> BPC section 135.4 provides that the California Structural Pest Control Board shall expedite, and may assist, the initial licensure process for certain applicants described below. Do any of the following apply to you?</p> <ul style="list-style-type: none"> <li>• You were admitted to the United States as a refugee pursuant to section 1157 of title 8 of the United States Code; or</li> <li>• You were granted asylum by the Secretary of Homeland Security or the United States Attorney General pursuant to section 1158 of title 8 of the United States Code; or</li> <li>• You have a special immigrant visa and were granted a status pursuant to section 1244 of Public Law 110-181, Public Law 109-163, or section 602(b) of title VI of division F of Public Law 111-8, relating to Iraqi and Afghan translators/interpreters or those who worked for or on behalf of the United States government.</li> </ul> <p><b>If YES, attach evidence of your status as a refugee, asylee, or special immigrant visa holder as follows:</b></p> <ul style="list-style-type: none"> <li>• Form I-94, arrival/departure record, with an admission class code such as "re" (refugee) or "ay" (asylee) or other information designating the person a refugee or asylee; or</li> <li>• Special immigrant visa that includes the classification codes of "SI" or "SQ"; or</li> <li>• Permanent resident card (Form I-551), commonly known as a "green card," with a category designation indicating that the person was admitted as a refugee or asylee; or</li> <li>• An order from a court of competent jurisdiction or other documentary evidence that provides reasonable assurances to the SPCB that you qualify for expedited licensure per BPC section 135.4.</li> </ul>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p style="text-align: center;"><b>CERTIFIED TRUE STATEMENT</b></p> <p>I certify under penalty of perjury under the laws of the State of California that all statements and representations, including any attachments in support of this application, made and furnished in connection with this application are true and correct. I certify that I am the applicant whose signature appears below and have read and received the "Notice on Collection of Personal Information" section on the last page of this application form.</p>	
<p><b>Signature:</b></p>	<p><b>Date:</b></p>

## NOTICE ON COLLECTION OF PERSONAL INFORMATION

### **Disclosure of your Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN) is mandatory.**

Sections 30, 31, and 494.5 of the BPC 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 shall 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 shall not be processed AND you shall be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.

### **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 BPC section 8564.6 and title 16, California Code of Regulations section 1936. 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 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 7920.000 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's Executive Officer at 2005 Evergreen Street, Suite 1500, Sacramento, CA 95815, by phone at (916) 561-8704, or by email at [pestboard@dca.ca.gov](mailto: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](mailto:dca@dca.ca.gov).



## APPLICATION FOR FIELD REPRESENTATIVE LICENSE

**LICENSE FEE: \$45 (unless waived, see question No. 27)**

<b>SPCB USE ONLY</b>	ATS No.	Cashiering No.	Checked By	
	Effective Date	License No.	Branch	Class Code

**IMPORTANT:** If you are already licensed as a field representative, it is only necessary to submit this form and your permanent wall license for upgrading. **There is no fee for upgrading.** Applicants applying for an original field representative license shall pass the SPCB's California Branch 1, 2, or 3 Field Representative Examination required by Business and Professions Code (BPC) section 8566 prior to submission of this application. Per BPC section 8563, you must apply to the SPCB for the issuance of a field representative license within one year of passing the examination. Failure to comply with these requirements will result in rejection of this application.

- Each question must be fully and truthfully answered. An application may be denied if an applicant knowingly makes a false statement of fact that is required to be revealed in the application for the license. (See BPC section 480(e).)
- Attach additional sheets to this application wherever so directed or when space provided is not sufficient.
- An incomplete application will be returned to the applicant.
- Failure to provide all information requested will also result in application review delays.
- A \$45 License Fee is required. Submit the fee by money order, cashier's check, personal check, or certified check payable to the *Structural Pest Control Board* with this application to the address noted above.
- **Notice:** Under BPC sections 31 and 494.5, the State California Department of Tax and Fee Administration (CDTFA) and the Franchise Tax Board (FTB) may share taxpayer information with the SPCB. You are required to pay your state tax obligation. This application may be denied or your license may be suspended if you have a state tax obligation, the state tax obligation is not paid, and your name appears on the CDTFA or FTB certified list of 500 largest tax delinquencies.

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 Field Representative's License to be issued: <input type="checkbox"/> Inactive License <input type="checkbox"/> Employee of a Company		
3. Name of Applicant: (Full name as it appears on your government issued identification.) (First) (Middle) (Last)		
4. Date of Birth: (MM/DD/YYYY)		5. SSN/ITIN:
6. Residence Address: (Building Number) (Street Name) (Unit Number)		
City:	State:	Zip:
7. Mailing Address: (Note: This address will be made available to the public in accordance with BPC section 27. You may provide a P.O. Box or other alternate address in lieu of your residence address in response to this question.) (Building Number) (Street Name) (Unit Number)		
City:	State:	Zip:
8. Telephone Number: ( )	9. Email Address:	



20. 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		

21. Within the preceding seven (7) years from the date of the application and excluding actions based upon any criminal conviction history, have you ever had any professional or vocational license or certificate denied, suspended, revoked, or otherwise disciplined by the SPCB or any other governmental authority in this state or any other state, U.S. federal jurisdiction, or foreign country?

☐ YES ☐ NO

22. Within the preceding seven (7) years from the date of the application and excluding actions based upon any criminal conviction history, have you ever acting as a partner, officer, managing employee, or qualifying manager of a firm, partnership, or corporation, had knowledge of and participated in the commission of any act resulting in the suspension or revocation of a license or company registration?

☐ YES ☐ NO

23. Excluding actions based upon any criminal conviction history, have you received notice of any pending disciplinary action(s) against you regarding any professional or vocational license or certificate issued by any other governmental authority in this state or any other state, U.S. federal jurisdiction, or foreign country?

☐ YES ☐ NO

24. If you answered YES to questions 21, 22, or 23, attach copies of the disciplinary decision taken by the licensing board, agency, or other governmental organization ("board") that contains the following information:

- (A) the type of disciplinary action taken (e.g., revocation, suspension, probation),
- (B) the effective date of the disciplinary action,
- (C) the license type,
- (D) the license number,
- (E) the name and location of the licensing board, and
- (F) an explanation of the violations found by the licensing board.

In addition, you may submit a statement or documents showing your rehabilitation efforts or any mitigating information that you would like the SPCB to consider.

25. Are you currently serving in, or have you previously served in, the United States Military?

☐ YES ☐ NO

26. Have you served as an active-duty member of the US Armed Forces and were you honorably discharged per BPC section 115.4(a)?

☐ YES ☐ NO

\*If YES, attach a copy of your previous military service (DD214 – Certificate of Release or Discharge from Active Duty, or current military orders) for expedited review of your application.

<p>27. Do you already hold a current, active license, or comparable authority, to act as an operator in another U.S. state or territory, and your spouse or domestic partner is an active-duty member of the Armed Forces of the United States and was assigned to a duty station in California under official orders?</p> <p>If yes, your application will receive an expedited review and a waiver of the license fee. Note: if you meet the military spouse or domestic partner requirement please attach copies of the following documentation to this application:</p> <ul style="list-style-type: none"> <li>(A) certificate of marriage or certified declaration/registration of domestic partnership filed with the Secretary of State or other documentary evidence of legal union with an active-duty member of the U.S. Armed Forces,</li> <li>(B) a copy of your current license in another state, district, or territory of the United States, and</li> <li>(C) a copy of the military orders establishing your spouse or partner's duty station in California.</li> </ul>	<div style="text-align: right;"> <input type="checkbox"/> YES      <input type="checkbox"/> NO </div>
<p>28. Are you an active-duty member of a regular component of the United States Armed Forces and enrolled in the United States Department of Defense's SkillBridge program as authorized under section 1143(e) of title 10 of the United States Code and requesting expedited processing of your application pursuant to BPC section 115.4, subdivision (b)?</p> <p>If YES, please provide the following with your application: a written approval document or letter from your respective United States Armed Forces Service branch (Army, Navy, Air Force, Marine Corps, Space Force or Coast Guard), signed by your first field grade commanding officer that specifies your name, the approved SkillBridge opportunity, and the specified duration of your participation (i.e., start and end dates).</p>	<div style="text-align: right;"> <input type="checkbox"/> YES      <input type="checkbox"/> NO </div>
<p>29. <b>REFUGEE, ASYLEE, OR SPECIAL IMMIGRANT:</b> BPC section 135.4 provides that the California Structural Pest Control Board shall expedite, and may assist, the initial licensure process for certain applicants described below. Do any of the following apply to you?</p> <ul style="list-style-type: none"> <li>• You were admitted to the United States as a refugee pursuant to section 1157 of title 8 of the United States Code; or</li> <li>• You were granted asylum by the Secretary of Homeland Security or the United States Attorney General pursuant to section 1158 of title 8 of the United States Code; or</li> <li>• You have a special immigrant visa and were granted a status pursuant to section 1244 of Public Law 110-181, Public Law 109-163, or section 602(b) of title VI of division F of Public Law 111-8, relating to Iraqi and Afghan translators/interpreters or those who worked for or on behalf of the United States government.</li> </ul> <p><b>If YES, attach evidence of your status as a refugee, asylee, or special immigrant visa holder as follows:</b></p> <ul style="list-style-type: none"> <li>• Form I-94, arrival/departure record, with an admission class code such as "re" (refugee) or "ay" (asylee) or other information designating the person a refugee or asylee; or</li> <li>• Special immigrant visa that includes the classification codes of "SI" or "SQ"; or</li> <li>• Permanent resident card (Form I-551), commonly known as a "green card," with a category designation indicating that the person was admitted as a refugee or asylee; or</li> <li>• An order from a court of competent jurisdiction or other documentary evidence that provides reasonable assurances to the SPCB that you qualify for expedited licensure per BPC section 135.4.</li> </ul>	<div style="text-align: right;"> <input type="checkbox"/> YES      <input type="checkbox"/> NO </div>
<p style="text-align: center;"><b>CERTIFIED TRUE STATEMENT</b></p> <p>I certify under penalty of perjury under the laws of the State of California that all statements and representations, including any attachments in support of this application, made and furnished in connection with this application are true and correct. I certify that I am the applicant whose signature appears below and have read and received the "Notice on Collection of Personal Information;" section on the last page of this application form.</p>	
<p><b>Signature:</b></p>	<p><b>Date:</b></p>



## NOTICE ON COLLECTION OF PERSONAL INFORMATION

### **Disclosure of your Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN) is mandatory.**

Sections 30, 31, and 494.5 of the BPC 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 shall 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 shall not be processed AND you shall be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.

### **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 BPC section 8564 and Title 16, California Code of Regulations section 1936. 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 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 7920.000 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's Executive Officer at 2005 Evergreen Street, Suite 1500, Sacramento, CA 95815, by phone at (916) 561-8704, or by email at [pestboard@dca.ca.gov](mailto: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](mailto:dca@dca.ca.gov).



## APPLICATION FOR OPERATOR LICENSE

### LICENSE FEE \$150 (unless waived, see question No. 27)

SPCB USE ONLY	ATS No.		Cashiering No.		Checked By		
	Effective Date		License No.		Branch		Class Code

**IMPORTANT:** 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.** Applicants applying for an original operator license shall pass the SPCB's California Branch 1, 2, or 3 Operator Examination required by Business and Professions Code (BPC) section 8565 prior to submission of this application. Per BPC section 8561, you must apply to the SPCB for the issuance of an operator license within one year of passing the examination. Failure to comply with these requirements will result in rejection of this application.

- Each question must be fully and truthfully answered. An application may be denied if an applicant knowingly makes a false statement of fact that is required to be revealed in the application for the license. (See BPC section 480(e).)
- Attach additional sheets to this application wherever so directed or when space provided is not sufficient.
- An incomplete application will be returned to the applicant.
- Failure to provide all information requested will also result in application review delays.
- A \$150 License Fee is required. Submit the fee by money order, cashier's check, personal check, or certified check payable to the *Structural Pest Control Board* with this application to the address noted above.
- Notice:** Under BPC sections 31 and 494.5, the State California Department of Tax and Fee Administration (CDTFA) and the Franchise Tax Board (FTB) may share taxpayer information with the SPCB. You are required to pay your state tax obligation. This application may be denied, or your license may be suspended if you have a state tax obligation, the state tax obligation is not paid, and your name appears on the CDTFA or FTB certified list of 500 largest tax delinquencies.

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 License to be issued: <input type="checkbox"/> Inactive License <input type="checkbox"/> Employee of a Company		
3. Name of Applicant: (Full name as it appears on your government issued identification.) (First) (Middle) (Last)		
4. Date of Birth: (MM/DD/YYYY)		5. SSN/ITIN:
6. Residence Address: (Building Number) (Street Name) (Unit Number)		
City:	State:	Zip:
7. Mailing Address: (Note: This address will be made available to the public in accordance with BPC section 27. You may provide a P.O. Box or other alternate address in lieu of your residence address in response to this question.) (Building Number) (Street Name) (Unit Number)		
City:	State:	Zip:
8. Telephone Number: ( )		9. Email Address:



20. 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		

21. Within the preceding seven (7) years from the date of the application and excluding actions based upon any criminal conviction history, have you ever had any professional or vocational license or certificate denied, suspended, revoked, or otherwise disciplined by the SPCB or any other governmental authority in this state or any other state, U.S. federal jurisdiction, or foreign country?

☐ YES ☐ NO

22. Within the preceding seven (7) years from the date of the application and excluding actions based upon any criminal conviction history, have you ever, acting as a partner, officer, managing employee, or qualifying manager of a firm, partnership, or corporation, had knowledge of and participated in the commission of any act resulting in the suspension or revocation of a license or company registration?

☐ YES ☐ NO

23. Excluding actions based upon any criminal conviction history, have you received notice of any pending disciplinary action(s) against you regarding any professional or vocational license or certificate issued by any other governmental authority in this state or any other state, U.S. federal jurisdiction, or foreign country?

☐ YES ☐ NO

24. If you answered YES to questions 21, 22, or 23, attach copies of the disciplinary decision taken by the licensing board, agency, or other governmental organization ("board") that contains the following information:

- (A) the type of disciplinary action taken (e.g., revocation, suspension, probation),
- (B) the effective date of the disciplinary action,
- (C) the license type,
- (D) the license number,
- (E) the name and location of the licensing board, and
- (F) an explanation of the violations found by the licensing board.

In addition, you may submit a statement or documents showing your rehabilitation efforts or any mitigating information that you would like the SPCB to consider.

25. Are you currently serving in, or have you previously served in, the United States Military?

☐ YES ☐ NO

26. Have you served as an active-duty member of the US Armed Forces and were you honorably discharged per BPC section 115.4(a)?

☐ YES ☐ NO

\*If YES, attach a copy of your previous military service (DD214 – Certificate of Release or Discharge from Active Duty, or current military orders) for expedited review of your application.

<p>27. Do you already hold a current, active license, or comparable authority, to act as an operator in another U.S. state or territory, and your spouse or domestic partner is an active-duty member of the Armed Forces of the United States and was assigned to a duty station in California under official orders?</p> <p>If YES, your application will receive an expedited review and a waiver of the license fee. Note: if you meet the military spouse or domestic partner requirement please attach copies of the following documentation to this application:</p> <ul style="list-style-type: none"> <li>(A) certificate of marriage or certified declaration/registration of domestic partnership filed with the Secretary of State or other documentary evidence of legal union with an active-duty member of the U.S. Armed Forces,</li> <li>(B) a copy of your current license in another state, district, or territory of the United States, and</li> <li>(C) a copy of the military orders establishing your spouse or partner's duty station in California.</li> </ul>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>28. Are you an active-duty member of a regular component of the United States Armed Forces and enrolled in the United States Department of Defense's SkillBridge program as authorized under section 1143(e) of title 10 of the United States Code and requesting expedited processing of your application pursuant to BPC section 115.4, subdivision (b)?</p> <p>If YES, please provide the following with your application: a written approval document or letter from your respective United States Armed Forces Service branch (Army, Navy, Air Force, Marine Corps, Space Force, or Coast Guard), signed by your first field grade commanding officer that specifies your name, the approved SkillBridge opportunity, and the specified duration of your participation (i.e., start and end dates).</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p><b>29. REFUGEE, ASYLEE, OR SPECIAL IMMIGRANT:</b> BPC section 135.4 provides that the California Structural Pest Control Board shall expedite, and may assist, the initial licensure process for certain applicants described below. Do any of the following apply to you?</p> <ul style="list-style-type: none"> <li>• You were admitted to the United States as a refugee pursuant to section 1157 of title 8 of the United States Code; or</li> <li>• You were granted asylum by the Secretary of Homeland Security or the United States Attorney General pursuant to section 1158 of title 8 of the United States Code; or</li> <li>• You have a special immigrant visa and were granted a status pursuant to section 1244 of Public Law 110-181, Public Law 109-163, or section 602(b) of title VI of division F of Public Law 111-8, relating to Iraqi and Afghan translators/interpreters or those who worked for or on behalf of the United States government.</li> </ul> <p><b>If YES, attach evidence of your status as a refugee, asylee, or special immigrant visa holder as follows:</b></p> <ul style="list-style-type: none"> <li>• Form I-94, arrival/departure record, with an admission class code such as "re" (refugee) or "ay" (asylee) or other information designating the person a refugee or asylee; or</li> <li>• Special immigrant visa that includes the classification codes of "SI" or "SQ"; or</li> <li>• Permanent resident card (Form I-551), commonly known as a "green card," with a category designation indicating that the person was admitted as a refugee or asylee; or</li> <li>• An order from a court of competent jurisdiction or other documentary evidence that provides reasonable assurances to the SPCB that you qualify for expedited licensure per BPC section 135.4.</li> </ul>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p style="text-align: center;"><b>CERTIFIED TRUE STATEMENT</b></p> <p>I certify under penalty of perjury under the laws of the State of California that all statements and representations, including any attachments in support of this application, made and furnished in connection with this application are true and correct. I certify that I am the applicant whose signature appears below and have read and received the "Notice on Collection of Personal Information-" section on the last page of this application form.</p>	
<p><b>Signature:</b></p>	<p><b>Date:</b></p>

## NOTICE ON COLLECTION OF PERSONAL INFORMATION

### **Disclosure of your Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN) is mandatory.**

Sections 30, 31, and 494.5 of the BPC 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 shall 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 shall not be processed AND you shall be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.

### **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 BPC section 8562 and Title 16, California Code of Regulations section 1936. 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 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 7920.000 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's Executive Officer at 2005 Evergreen Street, Suite 1500, Sacramento, CA 95815, by phone at (916) 561-8704, or by email at [pestboard@dca.ca.gov](mailto: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](mailto:dca@dca.ca.gov).