



Structural Pest Control Non-Commercial Business Application

This application for registration as a Structural Pest Control Non-Commercial Business must be submitted with a fee in the amount of **\$200.00**. Fees shall be paid by certified check, money order, cashier's check, or personal check made payable to the **Illinois Department of Public Health**. **All fees are non-refundable.**

BUSINESS NAME _____

BUSINESS ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

MAILING ADDRESS (If different from above) _____

CITY _____ STATE _____ ZIP CODE _____

BUSINESS TELEPHONE _____ COUNTY _____

EMAIL ADDRESS _____

FEDERAL EMPLOYER IDENTIFICATION NUMBER _____

TYPE OF OWNERSHIP (Check appropriate response)

Sole Proprietorship Corporation Other (Specify) _____

Registered Agent (if a corporation, LLC, LP, LLP, LLLP)

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

Exact name on file with Illinois Secretary of State _____

(Provide a copy of certification on file with Illinois Secretary of State)

LIST OF OFFICERS, PARTNERS, MEMBERS, OWNER (To be completed by all types of ownership)

NAME	HOME ADDRESS	TITLE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

IMPORTANT NOTICE

THIS STATE AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED UNDER PUBLIC ACT 79-578. DISCLOSURE OF THIS INFORMATION IS MANDATORY. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.



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NAME(S) OF CERTIFIED TECHNICIANS SUPERVISING PESTICIDE APPLICATIONS AT LISTED LOCATION(S)
(Add additional pages if needed.)

NAME	CERTIFICATION NO.	SIGNATURE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

TYPE OF PEST CONTROL ACTIVITIES PERFORMED

- | | |
|---|--|
| <input type="checkbox"/> Insects and Rodents | <input type="checkbox"/> Food Manufacturing and Processing |
| <input type="checkbox"/> Bird Control | <input type="checkbox"/> Fumigation |
| <input type="checkbox"/> Termites | <input type="checkbox"/> Public Health Pest Control |
| <input type="checkbox"/> Institutions or Multi-Unit Housing | <input type="checkbox"/> Wood Treatment Pest Control |
| <input type="checkbox"/> Other (Explain) _____ | |

List of Restricted Use Pesticides Used at Facility (Use additional sheet if necessary)

BRAND NAME	ACTIVE INGREDIENT	EPA REGISTRATION NO.
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you previously applied for an Illinois Structural Pest Control Registration? (Check one)

- Yes No If YES, answer below:

- Old Business Name _____
- Old Business Address _____
- Old Illinois Structural Pest Control Registration I.D. No. 053- _____

I hereby certify that the information contained in this document is true and valid, and I understand that the Illinois Department of Public Health may revoke any Illinois Non-Commercial Structural Pest Control Business Registration when the holder of such registration knowingly makes false or fraudulent claims.

Signature of Manager/Owner

Date