



# Structural Pest Control Certification Application General Use

This application for examination must be submitted to the above address with the **\$75 fee**. To be accepted for examination, the completed application and fee must be received by IDPH no later than **15 days prior to the chosen examination date**. The fee, payable to the **Illinois Department of Public Health**, shall be in the form of a cashier's check, money order, or personal check, and is **non-refundable**.

**PRINT OR TYPE**

Name of Applicant \_\_\_\_\_  
(Last) (First) (Middle)

Home Address of Applicant \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_ County \_\_\_\_\_

Telephone Number (home, cell, etc.) \_\_\_\_\_

E-mail Address \_\_\_\_\_

Age of Applicant \_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

High School Graduate  Year \_\_\_\_\_ or GED Certificate  Year \_\_\_\_\_

School Name \_\_\_\_\_

School Address \_\_\_\_\_

(If not employed leave this section blank)

Place of Employment (Business Name) \_\_\_\_\_

Pest Control Business I.D. Number (051 or 053, If Applicable) \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Mailing Address (If Different From Above) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Business Telephone Number \_\_\_\_\_ County \_\_\_\_\_

E-mail Address \_\_\_\_\_

**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.



**ALL Applicants** are required by law [5 ILCS 10/10-65 (c)] to complete and sign the following statement. Failure to do so will result in an incomplete application and cause delay in processing your application for examination. Making a false statement may place you in contempt of court. Please place an "X" in the appropriate blank.

- I am more than 30 days delinquent in complying with a child support order.
- I am in compliance with a child support order.
- This statement does not apply to me.

If seeking reciprocity based on certification in Indiana, Iowa, Wisconsin, or Missouri, check here:

**If reciprocity is granted, no exam is necessary.**

Please list below, in order of your preference, the dates and locations (from the [online Pest Control Exam Calendar](#)) where you wish to take the exam. If your first preference is unavailable, you will be scheduled for your next available choice.

1. Date \_\_\_\_\_ Location \_\_\_\_\_
2. Date \_\_\_\_\_ Location \_\_\_\_\_
3. Date \_\_\_\_\_ Location \_\_\_\_\_

**Important Notice:** If you are unable to attend the scheduled examination you must submit **written notification that is received by IDPH** at least two (2) business days prior to the examination date. If you fail to notify IDPH as indicated and do not attend the scheduled examination, you will be required to file a new application and fee to be eligible to take the examination on another date. Written notification shall be sent to IDPH in care of the Division of Environmental Health, 525 W. Jefferson St., Springfield, IL 62761, faxed to 217-785-0253, or sent electronically to [DPH.PestControl@illinois.gov](mailto:DPH.PestControl@illinois.gov).

Attach a current 2 x 2 inch head and shoulders picture of applicant on **photographic paper** here. Print name on back of picture.  
  
(Photocopies Not Accepted)

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 Structural Pest Control Technician Certificate when the holder of such certificate knowingly makes false or fraudulent claims.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## Checklist for Completing General Use Application

**Applicant must —**

- 1. Complete **ALL** spaces pertaining to the applicant (including high school).
- 2. List name, address, telephone number, etc., of your employer (if applicable).
- 3. Answer questions about revocations, etc.
- 4. Complete the child support statement.
- 5. Select/list **three (3)** examination dates and locations from the online Pest Control Exam calendar in order of preference.
- 6. Print your name on the back of a current 2 x 2 inch color head and shoulders photograph on photographic paper (regular paper copies are **NOT** acceptable) and attach where indicated.
- 7. Sign and date the application.
- 8. Attach a **\$75** personal check, cashier's check or money order, payable to the **Illinois Department of Public Health**.

If you have done all of the above, submit the application and your fee/payment **at least 15 days prior to the date of the first examination date listed** to:

Illinois Department of Public Health  
Division of Environmental Health  
Pest Control Program  
525 W. Jefferson St.  
Springfield, IL 62761