



# Structural Pest Control Certification Application Re-Examination

This application form must be submitted to the Illinois Department of Public Health with a **\$50 fee**. 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**.

Please check the category or categories for which you choose to be examined:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> General Standards              | <input type="checkbox"/> Insects and Rodents        | <input type="checkbox"/> Bird Control    |
| <input type="checkbox"/> Termite                        | <input type="checkbox"/> Fumigation                 | <input type="checkbox"/> Food Processing |
| <input type="checkbox"/> Institutions and Multi-Housing | <input type="checkbox"/> Wood Products Pest Control | <input type="checkbox"/> Public Health   |

**PRINT OR TYPE**

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

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

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

Has Your Address Changed Since Last Application Was Submitted?  Yes  No

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

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

(If not employed leave this section blank)

Employer (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.



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**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.

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).

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 Re-Examination Application

**Applicant must —**

- 1. Complete **ALL** spaces pertaining to the applicant.
- 2. List name, address, telephone number, etc., of your employer (if applicable).
- 3. Complete the child support statement.
- 4. Select/list **three (3)** examination dates and locations from the online Pest Control Exam calendar in order of preference.
- 5. Sign and date the application.
- 6. Attach a **\$50** 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