



# Structural Pest Control Certification Application Restricted-Use Pesticides

This application for examination must be submitted to the above address with the **\$125** fee for General Use and any Restricted subcategories. Only submit \$50 if adding any subcategory to your current certification. To be accepted for examination, the completed application and fee must be received by the Department no later than **15 days prior to the chosen examination date**. All fees, payable to the **Illinois Department of Public Health**, shall be in the form of a certified check, money order, cashier's check, or personal check and are **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 \_\_\_\_\_

(Verification may be requested by IDPH)

**To qualify for Restricted-Use examination applicant must verify education or experience by completing sections 1, 2 or 3 below.**

**1) Education\*** (Complete if eligibility is based upon college course work or IDPH approved pest control course)

**College** Hours for Entomology, Biology, Chemistry or Related Courses

Year	Name of Institution	Quarter	Semester

**2) Pest Control Course\*** (Includes approved online and correspondence courses)

Title of Course	Name/Address of Sponsor	Date Completed

**\* Attach Transcript or Course Completion Certificate to the Application**

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

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

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

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

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

**3) Experience in Pest Control --- Attach additional sheet if necessary**

From (Date)	To (Date)	Employer	Supervisor's Name	Supervisor's Signature



# Structural Pest Control Certification Application Restricted-Use Pesticides

What percent of your total experience has been in the following categories? (Must total 100%) *Enter a number between 0 and 1*

General (Insects & Rodents)	_____	Bird Control	_____
Termite Control	_____	Institutional & Multi-Unit Housing	_____
Fumigation	_____	Food Industry Pest Control	_____
Public Health Pest Control	_____	Wood Treatment Pest Control	_____

I wish to take the Structural Pest Control Technician Examination in: [Check (X) one or more] (Note: General Standards examination must be taken by all applicants unless previously taken and passed.)

<input type="checkbox"/> General Standards	<input type="checkbox"/> Insects & Rodents	<input type="checkbox"/> Bird Control
<input type="checkbox"/> Termites	<input type="checkbox"/> Fumigation	<input type="checkbox"/> Food Processing
<input type="checkbox"/> Institutional & Multi-Unit Housing	<input type="checkbox"/> Wood Products Pest Control	<input type="checkbox"/> Public Health

**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

**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.



## Checklist for Completing Restricted Use Application

**Applicant must —**

- 1. Complete **ALL** spaces pertaining to the applicant (including high school).
- 2. Complete additional education, Pest Control course or experience section to be eligible to take subcategory exams.
- 3. If completing the experience in pest control section, provide
  - a) dates of employment;
  - b) name of employer;
  - c) address of employer;
  - d) name of technician who provided the supervision.
- 4. Complete percentage section indicating your area(s) of experience.
- 5. Check the examinations you wish to take.
- 6. Answer the question regarding revocations, etc.
- 7. Complete the child support statement.
- 8. Select/list **three (3)** examination dates and locations from the online Pest Control Exam calendar in order of preference.
- 9. 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.
- 10. Sign and date the application.
- 11. Have your supervisor sign the application, if eligibility is based upon experience, or attach a college transcript or approved pest control course completion certificate if eligibility is based upon education or coursework.
- 12. Attach a personal check, certified check, money order or cashier's check, in the amount of **\$125** fee for General Use and any Restricted subcategories. Only submit \$50 if adding any subcategory to your current certification. 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  
Structural Pest Control Program  
525 W. Jefferson St.  
Springfield, IL 62761