



APPLICATION FOR LICENSE

All applications must be typed. A notarized affidavit must accompany this application.

NAME OF ESTABLISHMENT	NAME OF APPLICANT	LDAF I.D. N.O.
ADDRESS OF ESTABLISHMENT	SOCIAL SECURITY NO.	DATE OF BIRTH
CITY, STATE, ZIP	HOME PHONE NO.	WORK PHONE NO.

- | | | |
|--|---|--|
| <input type="checkbox"/> GENERAL PEST CONTROL | <input type="checkbox"/> TERMITE CONTROL | <input type="checkbox"/> STRUCTURAL FUMIGATION |
| <input type="checkbox"/> COMMERICAL VERTEBRATE | <input type="checkbox"/> COMMODITY FUMIGATION | <input type="checkbox"/> SHIP FUMIGATION |
| <input type="checkbox"/> CERTIFIED FUMIGATION TECHNICIAN | | |

EDUCATION If you qualify through education, the application must be accompanied by a copy of your college transcript.

Yrs. of Elem., Jr. High & High School	Years of College	Major	Minor
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WORK EXPERIENCE Use an additional form if more space is needed. Please include the month, day and year of employment.

Name of Business	Address		
Name of Licensee who was your Supervisor	Employed From	To	Did you have a Registration Card?
Name of Business	Address		
Name of Licensee who was your Supervisor	Employed From	To	Did you have a Registration Card?
Name of Business	Address		
Name of Licensee who was your Supervisor	Employed From	To	Did you have a Registration Card?

NOTARY PUBLIC

Sworn to and subscribed before me on	Signature of Applicant	
This day of , 20		
	Home Address	
	City, State, Zip	Date

DO NOT WRITE IN THIS SPACE BELOW

<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED	DATE	Signature of Member
<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED	DATE	Signature of Member
<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED	DATE	Signature of Member
<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED	DATE	Signature of Member
<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED	DATE	Signature of Member
REMARKS		