



REGISTRATION CERTIFICATE APPLICATION

ALL APPLICATIONS MUST BE COMPLETELY AND PROPERLY FILLED OUT WITH MONEY AND PICTURES MAILED TO THE ADDRESS BELOW IN ORDER TO BE PROCESSED!

NAME OF EMPLOYEE			DATE OF EMPLOYMENT
EMPLOYEE'S MAILING ADDRESS			EMPLOYEE'S DATE OF BIRTH
CITY	STATE	ZIP	EMPLOYEE'S SOCIAL SECURITY NUMBER

Please indicate in the place provided, arrangements for the service technician to be scheduled for the Service Technicians Examination. If the technician has already been examined with another company, please indicate the date of the examination and with which pest control company he/she was examined.

To be Scheduled:

Already Examined:

Date:

District:

Date:

Company:

ONE 2 X 2 PICTURE AND THE NECESSARY FEES, AS LISTED BELOW, MUST ACCOMPANY EACH APPLICATION.

- ☐ \$25.00 - Technicians Examination Fee
- ☐ \$20.00 - Administrative Processing of Registration Certificate Fee
(New Employee, Total Fee of \$45.00)
- ☐ \$10.00 - Change of Employment/Duplicate Card Fee

Employee will be engaged and trained in:

- ☐ Ship fumigation ☐ Commodity Fumigation ☐ Termite ☐ General Pest
- ☐ Commercial Vertebrate ☐ Structural Fumigation ☐ WDIR Technician

NAME OF COMPANY FOR WHICH REGISTRATION IS REQUESTED:

PHYSICAL ADDRESS:

MAILING ADDRESS: _____

LICENSEE'S SIGNATURE	DATE:
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Section 3369.H: “Each registered technician shall successfully complete an examination. Each registered technician shall take the examination within ninety days of the date he was employed. If the registered technician fails to pass the examination within ninety days after he is employed, he shall be allowed to work as a registered technician for another ninety days during which time he shall take the examination again. If the registered technician fails to pass the examination within one hundred eighty days after he is employed, he shall not be allowed to work as a registered technician until he has passed the examination.”

FOR OFFICE USE ONLY – DO NOT WRITE IN THIS SPACE

Date Examined: _____

Score: _____

Reg. Issued: _____

TECHNICIAN EXAM FEE	0600	1595	06 7396	\$
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ADM. PROCESS FEE	0600	1595	07 7396	\$
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AES-23-04 (R. 7/06)

OFFICE USE

Transmittal # _____

Check # _____

							.00

Date _____

Amt. \$ _____