PUBLIC HEALTH PEST CONTROL CERTIFIED TECHNICIAN EXAMINATION ADMISSION APPLICATION

Complete this section only. Type or print. Make sure all copies are legible (DO NOT FAX).

Applicant's name – complete name as desired on certificate or gold card.	Job title

Applicant's signature	Date
✱	

Requesting agency's full name	Telephone number
	( )

Complete agency address	City	ZIP code

Please admit applicant to the following section examination(s):

- ☐ A—Core subjects (required once for all specialties)
- ☐ B—Mosquito control specialty
- ☐ C—Terrestrial invertebrate vector control specialty
- ☐ D—Vertebrate vector control specialty

Current fee information may be obtained through your local agency or by calling the Vector-Borne Disease Section at (916) 552-9730.

Examination site—city	Examination date

Endorsement by agency administrator: The applicant named above is an employee of this agency. The signature above is known by me to be that of the applicant. Election to participate in continuing education requires payment of annual renewal fees.

Continuing education election: ☐ Yes ☐ No

Administrator's signature	Date
✱	

Completed applications must be ***postmarked at least 30 days prior*** to examination. Applications ***postmarked*** after this date will not be accepted. An incomplete, inaccurate, illegible, or faxed application will be denied.

Mail completed application to:

California Department of Public Health
Vector-Borne Disease Section
MS 7307
P.O. Box 997377
Sacramento, CA 95899-7377

Admission to the examination is by application only. After review, this original will be stamped "APPROVED" and a copy will be returned to the applicant. The **applicant must bring it** to the examination site.

THIS SECTION FOR OFFICIAL USE ONLY

Section/Category	Previously Passed Exam
A—CORE	
B—MOSQ	
C—TERR	
D—VERT	

Certification number		Memo tab
Previous agency		
Keyed by	Date	

INFORMATION COLLECTION AND ACCESS: The purposes of this form are to provide information for examination planning, to determine the applicant's eligibility for examination, to identify the applicant, and to provide necessary information for certificate issuance and renewal. All items are mandatory. Failure to provide any information requested may result in delay or denial of examination or certification. Information provided will be maintained by the Training and Certification Coordinator at the address above, telephone (916) 552-9730, under authority of California Health and Safety Code, Section 116110. Each individual applicant or certificate holder has the right to review, on request, the file maintained on him or her by the California Department of Public Health, to obtain copies of information in the file pertaining to that individual, and to challenge such information. (Exception: Although applicants may review completed examination papers under certain conditions, copies of examinations cannot be released.)

TIMELY HANDLING AND APPEALS: Procedures and maximum time periods for considering and issuing certificates are specified in Title 17, California Code of Regulations, Sections 30056.2, 30056.4, and 30056.5. In the event of any dispute arising from a violation of a specified time period, an applicant may appeal by notifying, in writing, the Chief of the Vector-Borne Disease Section, in accordance with the procedures set forth in Title 17, California Code of Regulations, Section 30056.1.