



**EcoWise Certified IPM Certification**  
 for Structural Pest Control Board Branch 2 Licensees  
 A Project of the Association of Bay Area Governments  
 P.O. Box 2050, Oakland, CA 94604-2050  
 (510) 464-7960

# Practitioner Application

for EcoWise Certified IPM Practitioner

Date \_\_\_\_\_

All information on this application will remain **confidential** and will be used to register applicants with the EcoWise Certified Program, provide information updates to the program, and evaluate the impact and usefulness of the program.

## PERSONAL INFORMATION:

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

## PROFESSIONAL INFORMATION (minimum requirement is field rep or operator license for 2 yrs.):

Structural Pest Control License Type:  OPR  FR License # \_\_\_\_\_

Expires \_\_\_\_\_ How long have you held this license? \_\_\_\_\_ years

Check branch(es):  Branch 1  Branch 2  Branch 3

How long have you: worked in pest management? \_\_\_\_\_ years practiced IPM? \_\_\_\_\_ years

## PEST MANAGEMENT EMPLOYMENT HISTORY FOR THE LAST 2 YEARS

### Current Employer

Business, Organization, Agency \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Fax \_\_\_\_\_ email \_\_\_\_\_

Your Title or Position \_\_\_\_\_ Dates of Employment from \_\_\_\_\_ to \_\_\_\_\_

Supervisor \_\_\_\_\_ Title \_\_\_\_\_

Duties and Responsibilities \_\_\_\_\_

*Continued on reverse*

**Previous Employer(s) over the past 2 years:**

Business, Organization, Agency: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Your Title or Position \_\_\_\_\_

Supervisor \_\_\_\_\_ Title \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Duties and Responsibilities \_\_\_\_\_

\_\_\_\_\_

Business, Organization, Agency: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Your Title or Position \_\_\_\_\_

Supervisor \_\_\_\_\_ Title \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Duties and Responsibilities \_\_\_\_\_

\_\_\_\_\_

**REQUIRED ATTACHMENT:**

Please attach a signed copy of the EcoWise "IPM Guiding Principles"

I certify that the information contained in this application form is true. I understand that falsification on the application is grounds for denial or revocation of certification. I authorize the EcoWise Certified Program Manager to contact employers named in this application for verification of information presented here.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (please print)

**Mail this application to:**

Ted Shapas  
EcoWise Certified Program Manager  
c/o ABAG  
P.O. Box 2050  
Oakland, CA 94604-2050