

ILLINOIS DEPARTMENT OF PUBLIC HEALTH  
Division of Environmental Health  
525 West Jefferson Street  
Springfield, Illinois 62761

STRUCTURAL PEST CONTROL  
CHANGE OF OWNERSHIP

This is to certify that the structural pest control business named below has changed ownership. The owner as herein listed is aware that the existing license is not transferable and both copies (billfold and wall) must be submitted to the Department. A new license shall be obtained from the Department by the new owner prior to operation.

Name of Business \_\_\_\_\_

Street Address \_\_\_\_\_

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

I D Number 051 / 053- \_\_\_\_\_ Telephone Number \_\_\_\_\_

Previous Owner (s) \_\_\_\_\_  
(Type or Print) Signature

\_\_\_\_\_

New Owner (s) \_\_\_\_\_  
(Type or Print) Signature

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Effective Date of Ownership Change \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Seal

\_\_\_\_\_  
Signature of Notary Public

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.