

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.