



## EcoWise Certified IPM Certification

for Structural Pest Control Board Branch 2 Licensees

A Project of the Bio-Integral Resource Center

P.O. Box 7414, Berkeley, CA 94707

(510) 524-2567 birc@igc.org

# Business Application

to provide EcoWise Certified IPM Services

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.

### APPLICANT INFORMATION

**Note: Each branch office must submit a separate application and be certified separately.**

Owner or Branch Manager \_\_\_\_\_

Operator License # \_\_\_\_\_ License Branch: \_\_\_ 1 \_\_\_ 2 \_\_\_ 3 Expiration Date \_\_\_\_\_

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

email \_\_\_\_\_

Attended EcoWise Certified Orientation on \_\_\_\_\_ (month) \_\_\_\_\_ (day) \_\_\_\_\_ (year)

### COMPANY INFORMATION

Company Name \_\_\_\_\_ Branch Office \_\_\_\_\_

Location Address \_\_\_\_\_

Street

City

Zip Code

Main Phone \_\_\_\_\_ Fax \_\_\_\_\_

Website \_\_\_\_\_

Number of employees in company/branch office? \_\_\_\_\_ Licensed personnel \_\_\_\_\_ Other staff

Person responsible for maintaining compliance with EcoWise Certified standards (if different from above):

Name \_\_\_\_\_ Phone \_\_\_\_\_

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

The operation will offer:  Only EcoWise Certified IPM services  EcoWise Certified and Non-Certified Services

In which counties is the company/branch office registered to perform pest control?  Alameda  Contra Costa  Marin  Napa

Sacramento  San Francisco  San Joaquin  San Mateo  Santa Clara  Solano  Sonoma  Stanislaus  Yolo

In which counties will the company/branch office offer EcoWise Certified services?  Alameda  Contra Costa  Marin  Napa

Sacramento  San Francisco  San Joaquin  San Mateo  Santa Clara  Solano  Sonoma  Stanislaus  Yolo

Do you have a copy of the *EcoWise Certified Standards for IPM Certification in Structural Pest Management*?  Yes  No

Have you read and understood the *Standards*?  Yes  No

*Continued on reverse*

**SERVICES OFFERED BY YOUR COMPANY:**

What percent of your company's customers are: Residential \_\_\_\_\_% Commercial \_\_\_\_\_%

Which pests are managed by your operation? (check all that apply)

- Ants                     Centipedes                     Fungus gnats                     Paper wasps                     Stored product/pantry pests
- Bed bugs                     Cockroaches                     Gophers                     Raccoons                     Yellowjackets
- Bees                     Clothes moths                     Ground squirrels                     Rats                     Other \_\_\_\_\_
- Birds                     Drain flies                     House mice                     Skunks                     Other \_\_\_\_\_
- Carpet beetles                     Fleas                     Millipedes                     Spiders                     Other \_\_\_\_\_

**STAFF TRAINING:**

Do you provide in-house pest management training for your PMP staff?     Yes     No     No PMP staff

Do you provide any pest management training for your clerical/phone staff?     Yes     No     No clerical staff

**CERTIFIED IPM PRACTITIONER:**

Name of at least 1 person who intends to be your EcoWise Certified IPM Practitioner:

Name \_\_\_\_\_ Date attended Orientation \_\_\_\_\_

Name \_\_\_\_\_ Date attended Orientation \_\_\_\_\_

Name(s) of any EcoWise Certified IPM Practitioner(s) already employed in your company/branch office:

Name \_\_\_\_\_

Certification # \_\_\_\_\_ Expires on \_\_\_\_\_

Name \_\_\_\_\_

Certification # \_\_\_\_\_ Expires on \_\_\_\_\_

**EXISTING COMPANY IPM SERVICE:**

When was your IPM service started? (month and year) \_\_\_\_\_

Why is being EcoWise Certified important to your company? \_\_\_\_\_

**REQUIRED ATTACHMENTS:**

Please attach the following 3 documents to this application:

- One (1) Sample IPM Protocol form (filled out)                     Signed copy of the EcoWise Certified "IPM Guiding Principles"
- A list of IPM equipment, devices, products, and pesticides in the company's "IPM Toolbox"

**AUTHORIZED SIGNATURE**

I certify that the information given on this form is true and correct, and that my company/branch office is in good standing with the Agricultural Commissioners in counties in which we do business.

Date \_\_\_\_\_

Signature \_\_\_\_\_

Title \_\_\_\_\_

**RETURN APPLICATION TO:**

William Quarles, Program Manager

EcoWise Certified

c/o BIRC

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Berkeley, CA 94707

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