

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1205687

Vendor Name: State of IL - Dept of Agriculture

Invoice Number: BARTZ-LICENSE

Invoice Date: 3/1/2022

PO Number:

Check Number: 0297376

Check Amount: \$ 180.00

Check Date: 03/15/2022

Voucher Number: V0732063

Document Type: AP Invoice

Document Below

STATE OF ILLINOIS
DEPARTMENT OF AGRICULTURE

2022, 2023 & 2024 Pest Control License Application
(3 Year) COMMERCIAL NOT-FOR-HIRE

COMMERCIAL NOT-FOR-HIRE APPLICATOR
Employer USAPlants ID: 000WBT
Employee USAPlants ID: 0026DL / PIN: 28930
100 116

MARTIN D BARTZ
DUPAGE COLLEGE OF
425 E FAWELL BLVD
GLEN ELLYN IL 60137

Please process a payment to vendor# 1205687.
Charge to GL 01-10-00077-5401002 Horticulture
Instructional Supplies
This is a required license.
IMPORTANT: Please contact Amy Hull X3806 or
hullamy@cod.edu. She has paperwork that must
accompany check.



Mail application and appropriate fee payable to:

Illinois Department of Agriculture
Bureau of Environmental Programs
P.O. Box 19281
Springfield, IL 62794-9281
(217) 785-2427 -- TDD # (866) 287-2999

Instructions (for additional instructions, please see reverse side):

1. Failure to return this completed application will require the applicant to retake all examinations required for certification pursuant to 415 ILCS 60/9.
2. Copies of this form will NOT be accepted. Please read instructions on reverse side.
3. Please print clearly. Failure to complete all the information required shall prevent this form from being processed.
4. If corrections are necessary, please make them on or adjacent to the address noted above.
5. Please retain a copy of this form and your check as a receipt for your records.
6. Please mail the completed application along with the appropriate fee to the address indicated.
7. Please allow 15 to 20 working days for this form to be processed.

License Type (check one):

(All checks must be made payable to the **ILLINOIS DEPARTMENT OF AGRICULTURE.**)

- ☒ Commercial not-for-Hire Applicator License (Fee -- \$60 for 3 year period)
☐ Commercial not-for-Hire Operator License (Fee -- \$45 for 3 year period)

The above individual is a resident of the state of: IL

For Office Use Only:

Applicator Designation: (If requesting an operator license, you must identify your immediate supervisor who holds a valid applicator license before this form can be processed.)

Applicator Name: Martin Bartz Last 4 digits of Applicator Social Security #: 1744

Required Certifications: (FAILURE to check one of the boxes below may result in the application not being processed.)

1. According to the Illinois Administrative Procedures Act, each state agency must require license holders to certify the following:
"I hereby certify, under penalty of perjury, that (Please only check one of the following)

- ☐ I am not subject to a child support order."
☒ I am not more than 30 days delinquent in complying with a child support order."
☐ I am more than 30 days delinquent in complying with a child support order."

Failure to so certify may result in denial of the application/renewal request and making a false statement may subject the licensee to contempt of court (5 ILCS 100/10-65(c)).

2. "I hereby certify that the information contained herein is true and accurate to the best of my knowledge."

Signature: [Signature]

Date: 2/22/22

This agency is requesting disclosure of information that is necessary to accomplish the statutory purposes as outlined under 415 ILCS 60/1. Failure to provide this information shall prevent this form from being processed. This form has been approved by the Illinois Department of Agriculture.

For Office Use Only:

Check #:	<u> </u>	RC - 505 \$ <u> </u>	RC - \$ <u> </u>
Amount:	\$ <u> </u>	RC - 506 \$ <u> </u>	RC - \$ <u> </u>

"Miller, Monica" <millermo@cod.edu>

Invoice for Illinois Department of Agriculture Bartz_M 0142_001

"Miller, Monica" <millermo@cod.edu>

Tue, Mar 1, 2022 at 05:50 PM GMT

CC: Hull, Amy <hullamy@cod.edu>

BCC:

Hello,

Please process a payment to vendor# 1205687. Charge to GL 01-10-00077-5401002 Horticulture :
Instructional Supplies

This is a required license.

IMPORTANT: Please contact Amy Hull X3806 or hullamy@cod.edu when check is ready for pick up.
She has paperwork that must accompany check.

Thank you.

Monica

1 attachment

Invoice for Illinois Department of Agriculture Bartz_M 0142_001 (002).pdf

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1205687

Vendor Name: State of IL - Dept of Agriculture

Invoice Number: HULL - LICENSE

Invoice Date: 3/1/2022

PO Number:

Check Number: 0297376

Check Amount: \$ 180.00

Check Date: 03/15/2022

Voucher Number: V0732064

Document Type: AP Invoice

Document Below

STATE OF ILLINOIS
DEPARTMENT OF AGRICULTURE

2022, 2023 & 2024 Pest Control License Application
(3 Year) COMMERCIAL NOT-FOR-HIRE

COMMERCIAL NOT-FOR-HIRE APPLICATOR
Employer USAPlants ID: 000WBT
Employee USAPlants ID: 002FQH / PIN: 35104
100 116

Please process a check payment to vendor 1205687.
Charge to GL 01-10-00077-5401002 Horticulture :
Instructional Supplies



34291

AMY C HULL
DUPAGE COLLEGE
425 E FAWELL BLVD
GLEN ELLYN IL 60137

This is a required license.
IMPORTANT: Please contact Amy Hull X3806 or
hullamy@cod.edu. She has paperwork that must
accompany check.

Mail application and appropriate fee payable to:

Illinois Department of Agriculture
Bureau of Environmental Programs
P.O. Box 19281
Springfield, IL 62794-9281
(217) 785-2427 -- TDD # (866) 287-2999

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License Type (check one):

(All checks must be made payable to the **ILLINOIS DEPARTMENT OF AGRICULTURE**.)

- ☒ Commercial not-for-Hire Applicator License (Fee -- \$60 for 3 year period)
☐ Commercial not-for-Hire Operator License (Fee -- \$45 for 3 year period)

The above individual is a resident of the state of: IL

For Office Use Only:

Applicator Designation: (If requesting an operator license, you must identify your immediate supervisor who holds a valid applicator license before this form can be processed.)

Applicator Name: _____ Last 4 digits of Applicator Social Security #: _____

Required Certifications: (FAILURE to check one of the boxes below may result in the application not being processed.)

1. According to the Illinois Administrative Procedures Act, each state agency must require license holders to certify the following:
"I hereby certify, under penalty of perjury, that (Please only check one of the following)

- ☒ I am not subject to a child support order."
☐ I am not more than 30 days delinquent in complying with a child support order."
☐ I am more than 30 days delinquent in complying with a child support order."

Failure to so certify may result in denial of the application/renewal request and making a false statement may subject the licensee to contempt of court (5 ILCS 100/10-65[c]).

2. "I hereby certify that the information contained herein is true and accurate to the best of my knowledge."

Signature: Amy Hull **Date:** 2-25-22

This agency is requesting disclosure of information that is necessary to accomplish the statutory purposes as outlined under 415 ILCS 60/1. Failure to provide this information shall prevent this form from being processed. This form has been approved by the Illinois Department of Agriculture.

For Office Use Only:

Check #:	RC - 505 \$	RC - \$
Amount: \$	RC - 506 \$	RC - \$

"Miller, Monica" <millermo@cod.edu>

Invoice for Illinois Department of Agriculture Hull_A 0141_001 (002).pdf

"Miller, Monica" <millermo@cod.edu>

Tue, Mar 1, 2022 at 05:50 PM GMT

CC: Hull, Amy <hullamy@cod.edu>

BCC:

Hello,

Please process a payment to vendor# 1205687. Charge to GL 01-10-00077-5401002 Horticulture :
Instructional Supplies

This is a required license.

IMPORTANT: Please contact Amy Hull X3806 or hullamy@cod.edu when check is ready for pick up.
She has paperwork that must accompany check.

Thank you.

Monica

1 attachment

Invoice for Illinois Department of Agriculture Hull_A 0141_001 (002).pdf

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1205687
Vendor Name: State of IL - Dept of Agriculture
Invoice Number: CLEMENT-LICENSE
Invoice Date: 3/8/2022
PO Number:
Check Number: 0297376
Check Amount: \$ 180.00
Check Date: 03/15/2022
Voucher Number: V0733150
Document Type: AP Invoice

Document Below

STATE OF ILLINOIS
DEPARTMENT OF AGRICULTURE

2022, 2023 & 2024 Pest Control License Application
(3 Year) COMMERCIAL NOT-FOR-HIRE

COMMERCIAL NOT-FOR-HIRE APPLICATOR
Employer USAPlants ID: 000WBT
Employee USAPlants ID: 002MP2 / PIN: 40108
100 115

Please process a check payment to vendor 1205687.
Charge to GL 01-10-00077-5401002 Horticulture:
Instructional Supplies
This is a required license.
IMPORTANT: Please contact Amy Hull X3806 or
hullamy@cod.edu. She has paperwork that must
accompany check.



BRIAN D CLEMENT
DUPAGE COLLEGE OF
425 E FAWELL BLVD
GLEN ELLYN IL 60137

Mail application and appropriate fee payable to:

Illinois Department of Agriculture
Bureau of Environmental Programs
P.O. Box 19281
Springfield, IL 62794-9281
(217) 785-2427 -- TDD # (866) 287-2999

Instructions (for additional instructions, please see reverse side):

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5. Please retain a copy of this form and your check as a receipt for your records.
6. Please mail the completed application along with the appropriate fee to the address indicated.
7. Please allow 15 to 20 working days for this form to be processed.

License Type (check one):

(All checks must be made payable to the ILLINOIS DEPARTMENT OF AGRICULTURE.)

- ☐ Commercial not-for-Hire Applicator License (Fee -- \$60 for 3 year period)
☐ Commercial not-for-Hire Operator License (Fee -- \$45 for 3 year period)

The above individual is a resident of the state of: Illinois

For Office Use Only:

Applicator Designation: (If requesting an operator license, you must identify your immediate supervisor who holds a valid applicator license before this form can be processed.)

Applicator Name: _____ Last 4 digits of Applicator Social Security #: _____

Required Certifications: (FAILURE to check one of the boxes below may result in the application not being processed.)

1. According to the Illinois Administrative Procedures Act, each state agency must require license holders to certify the following:
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☐ I am more than 30 days delinquent in complying with a child support order."

Failure to so certify may result in denial of the application/renewal request and making a false statement may subject the licensee to contempt of court (5 ILCS 100/10-65(c)).

2. "I hereby certify that the information contained herein is true and accurate to the best of my knowledge."

Signature: Brian Clement Date: 3/1/2022

This agency is requesting disclosure of information that is necessary to accomplish the statutory purposes as outlined under 415 ILCS 60/1. Failure to provide this information shall prevent this form from being processed. This form has been approved by the Illinois Department of Agriculture.

For Office Use Only:

Check #:	RC - 505 \$	RC - \$
Amount: \$	RC - 506 \$	RC - \$

"Miller, Monica" <millermo@cod.edu>

Request for vendor payment for Vendor 1205687 requester Clement_B

"Miller, Monica" <millermo@cod.edu>

Tue, Mar 8, 2022 at 09:02 PM GMT

CC: Clement, Brian <clement@cod.edu>, Hull, Amy <hullamy@cod.edu>

BCC:

Hello,

Please process a check payment to vendor 1205687. Charge to GL 01-10-00077-5401002 Horticulture : Instructional Supplies

This is a required license.

IMPORTANT: Please contact Amy Hull X3806 or hullamy@cod.edu. She has paperwork that must accompany check. Two other requests have already been processed: one for Amy Hull and one for Marty Bartz.

Thank you.

Monica

1 attachment

Request for vendor payment for Vendor 1205687 requester Clement_B.pdf

STATE OF ILLINOIS
DEPARTMENT OF AGRICULTURE

2022, 2023 & 2024 Pest Control License Application
(3 Year) COMMERCIAL NOT-FOR-HIRE

COMMERCIAL NOT-FOR-HIRE APPLICATOR
Employer USAPlants ID: 000WBT
Employee USAPlants ID: 002MP2 / PIN: 40108
100 115



BRIAN D CLEMENT
DUPAGE COLLEGE OF
425 E FAWELL BLVD
GLEN ELLYN IL 60137

Mail application and appropriate fee payable to:

Illinois Department of Agriculture
Bureau of Environmental Programs
P.O. Box 19281
Springfield, IL 62794-9281
(217) 785-2427 -- TDD # (866) 287-2999

Instructions (for additional instructions, please see reverse side):

1. Failure to return this completed application will require the applicant to retake all examinations required for certification pursuant to 415 ILCS 60/9.
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6. Please mail the completed application along with the appropriate fee to the address indicated.
7. Please allow 15 to 20 working days for this form to be processed.

License Type (check one):

- (All checks must be made payable to the **ILLINOIS DEPARTMENT OF AGRICULTURE**.)
- ☒ Commercial not-for-Hire Applicator License (Fee -- \$60 for 3 year period)
- ☐ Commercial not-for-Hire Operator License (Fee -- \$45 for 3 year period)

The above individual is a resident of the state of: Illinois

For Office Use Only:

Applicator Designation: (If requesting an operator license, you must identify your immediate supervisor who holds a valid applicator license before this form can be processed.)

Applicator Name: _____ Last 4 digits of Applicator Social Security #: _____

Required Certifications: (FAILURE to check one of the boxes below may result in the application not being processed.)

1. According to the Illinois Administrative Procedures Act, each state agency must require license holders to certify the following:
"I hereby certify, under penalty of perjury, that (Please only check one of the following)

- ☒ I am not subject to a child support order."
- ☐ I am not more than 30 days delinquent in complying with a child support order."
- ☐ I am more than 30 days delinquent in complying with a child support order."

Failure to so certify may result in denial of the application/renewal request and making a false statement may subject the licensee to contempt of court (5 ILCS 100/10-65(c)).

2. "I hereby certify that the information contained herein is true and accurate to the best of my knowledge."

Signature: Brian Clement

Date: 3/1/2022

This agency is requesting disclosure of information that is necessary to accomplish the statutory purposes as outlined under 415 ILCS 60/1. Failure to provide this information shall prevent this form from being processed. This form has been approved by the Illinois Department of Agriculture.

For Office Use Only:

Check #:	_____	RC - 505 \$	_____	RC -	\$	_____
Amount:	\$	_____	RC - 506 \$	_____	\$	_____

INSTRUCTIONS FOR COMPLETING A PEST CONTROL LICENSE APPLICATION

Please complete and submit this form along with the appropriate license fee to:

Illinois Department of Agriculture
Bureau of Environmental Programs
State Fairgrounds, P.O. Box 19281
Springfield, IL 62794-9281

All checks must be made payable to the *Illinois Department of Agriculture*. Please be advised that photocopies and/or fax copies of the application form will not be accepted.

If any information on the license application form is not correct, please make the appropriate changes either off to the side or below the "name and address" section. The business or work address should be indicated on the label. Do not list your home address unless you are requesting a Private Pesticide Applicator License.

New and re-certifying applicants must submit the completed application and associated license fee to the Department prior to applying any pesticides and must be received by the Department prior to the end of the calendar year. Failure to return this completed application form by the end of the calendar year will result in the applicant being required to retake all examinations required for certification pursuant to 415 ILCS 60/9.

Commercial and Commercial Not-For-Hire Applicators and Operators only –

- a. Please be advised that a licensed pesticide applicator or dealer must be located at each commercial facility site. All employees who make pesticide applications are required to be licensed.
- b. In the case of an operator whose applicator's license is expiring, please include the applicator's name and submit the operator's application to the Department where it will be held until the applicator's certification and licensure is completed. Do not hold the operator license application form(s) if the applicator's social security number is not known. Please submit the operator's license application form and allow the Department to hold the application until the named applicator completes certification and licensure.

If you have any questions associated with the license application process, please feel free to contact the Illinois Department of Agriculture's Bureau of Environmental Programs at AGR.PESTICIDE@ILLINOIS.GOV or 217/785-2427 (voice) or 866/287-2999 (TDD/TTY) so that any problems can be appropriately addressed.

Please be advised that it is against the law to apply/sell pesticides without a valid license. You must be at least 16 years of age to obtain a license to apply pesticides.