

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1205687
Vendor Name: State of IL - Dept of Agriculture
Invoice Number: HULL-LICENSE'23
Invoice Date: 5/16/2023
PO Number:
Check Number: 0312999
Check Amount: \$ 45.00
Check Date: 06/20/2023
Voucher Number: V0788263
Document Type: AP Invoice

Document Below

STATE OF ILLINOIS
DEPARTMENT OF AGRICULTURE

2023, 2024 & 2025 Pest Control License Application
(3 Year) COMMERCIAL NOT-FOR-HIRE

OPERATOR

Employer USAPlants ID: 000WBT

Employee USAPlants ID: 005DRL / PIN: 107462
100

JANE E OLSSON
DUPAGE COLLEGE OF
425 E FAWELL BLVD
GLEN ELLYN IL 60137



118245

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

Was test taken online? YES ☒ NO ☐

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. Please print clearly. Failure to complete all the information required shall prevent this form from being processed.
3. If corrections are necessary, please make them on or adjacent to the address noted above.
4. Please retain a copy of this form and your check as a receipt for your records.
5. Please mail the completed application along with the appropriate fee to the address indicated.
6. 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: Amy Hull Last 4 digits of Applicator Social Security #: 8784

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:

Are you more than 30 days delinquent in complying with a child support order?

YES ☐ NO ☒

(NOTE: if you are not subject to child support order, answer "NO")

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: Jane Olsson

Date: 5/16/23

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

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

Check Request

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

Wed, May 17, 2023 at 06:57 PM UTC

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

BCC:

Hello,

Please process a check payment to Vendor# 1205687 (State of Illinois – Department of Agriculture) and charge Horticulture Instructional Supplies 01-10-00077-5401002. The attached invoice must accompany the check payment. Please contact me when the check is ready for pick up.

Thank you.

Monica

Monica Miller

Academic Division Business Associate

Business & Applied Technology Division

College of DuPage

425 Fawell Boulevard

Glen Ellyn, IL 60137

(630) 942-3074

1 attachment

Illinois Department of Agriculture for Olsson_Jane E.pdf