



For BECQ Use Only
Amount Paid:
Receipt No:
Cert. No:

APPLICATION FOR PESTICIDE APPLICATOR
CERTIFICATION

First Name Middle Initial Last Name

Company

Position/Title

Mailing Address

Phone No.

Email Address

CERTIFICATION TYPE: New Renewal Duplicate

CERTIFICATION CATEGORIES AND FEES

- \$50.00 Agricultural pest control.** This category includes commercial applicators using or supervising the use of pesticides in production of agricultural crops, including without limiting the foregoing, tobacco, peanuts, cotton, feed grains, soybeans and forage; vegetables; small fruits; tree fruits and nuts; as well as on grasslands and non-crop agricultural lands.
- \$50.00 Industrial, institutional, structural and health related pest control.** This category includes commercial applicators using or supervising the use pesticides in, on, or around food handling facilities, human dwellings, institutions, such as schools and hospitals, industrial facilities, including warehouses and grain elevators, and any other structures and adjacent areas, public or private; and for the protection of stored, processed, or manufactured products.
- \$50.00 Ornamental and turf** This category includes commercial applicators using or supervising the use of pesticides to control pests in the maintenance and production of ornamental trees, shrubs, flowers, turf, including the maintenance of resort grounds, golf courses, or green houses.
- \$50.00 Right of Way.** This category includes commercial applicators using or supervising the use of pesticides in the maintenance of public roads, electric power lines, pipelines, railway rights-of-way, or other similar areas.
- \$10.00 Private Applicator** This category includes private applicators using or supervising the restricted use of pesticides.
- Fee \$10.00 DUPLICATE CERTIFICATION** for commercial or private. This is for an applicator previously certified who has misplaced or lost his or her valid DEQ issued Certification for Applicator of Restricted Pesticide.

STATEMENT

By fixing my signature below, I certify that the statements made on this form are true to the best of my knowledge.

 Signature of Applicant

 Date (Month, Day, Year)