MARYLAND DEPARTMENT OF AGRICULTURE
OFFICE OF PLANT INDUSTRIES AND PEST MANAGEMENT
PESTICIDE REGULATION SECTION
50 Harry S. Truman Parkway
Annapolis, Maryland 21401
Telephone: 410/841-5710
FAX: 410/841-2765

FOR DEPARTMENTAL USE ONLY
Date Received _____
Date Processed _____

TERMINATION OF REGISTERED EMPLOYEE AND / OR CERTIFIED APPLICATOR

PLEASE TYPE OR PRINT LEGIBLY:

Business / Public Agency Name: _____

Street: _____

City / State / Zip Code: _____

Business License / Agency Permit No.: _____ **Telephone No.:** _____

EMPLOYEE NAME	EMPLOYEE SOCIAL SECURITY NO.	INDICATE IF REGISTERED or PROVIDE CERT. NO.	DATE OF TERMINATION	INDICATE IF ID CARD IS RETURNED
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Name Of Authorized Individual: _____

Name - **Please Print**

Signature of Authorized Individual: _____

Please Sign

Date: _____