INFORMATION FOR APPLICANTS

1. Each applicant must be ***at least 18 years of age*** and have one year of experience acceptable to the Department as a ***FULL-TIME REGISTERED EMPLOYEE*** engaged in those categories in which the applicant seeks to be certified. In lieu of the experience requirement, a degree or academic certificate in a biological field of study (i.e., biology, agronomy, horticulture, etc.) or a combination of education and experience may be acceptable to the Department.

2. Applications for examinations must be submitted at least one month prior to the examination date.

3. Examinations will be given in person bimonthly . A schedule of exam dates is available. Examinations are also available on-line upon request.

4. ***THE CERTIFICATION APPLICATION MUST BE COMPLETELY FILLED OUT OR IT WILL BE RETURNED TO THE APPLICANT.***

5. Under "Duties" on page 2 of the application, the applicant should describe specifically the type of pest control work performed and the pesticides applied. ***If applying on Degree***, applicant should describe what type of pest control you will be performing.

6. References must be able to verify qualifications and experience in the field of pest control for which the applicant is applying.

7. ***NOTICE:*** **Each applicant must include a "Verification Of Pesticide Application Experience" form(s) (Attached) with the certification application. A total of twelve months of experience must be verified by the applicator's current or former certified applicator who supervised the applicant's pest control, or consulting, activities. For example, if the applicant worked for one company for three months, and nine months for another, two verification forms must be submitted. If the applicant has worked for one company for 12 months, only one form must be submitted.** ***AN APPLICANT MAY NOT SIGN HIS OR HER OWN EXPERIENCE FORM.*** **Education - If basing application off of education, *a transcript of college or university credits must be submitted instead of the Experience form. Copies of transcripts obtained from the internet will not be accepted.***

8. A copy of the Regulations pertaining to the Maryland Pesticide Applicators Law is available on our website at: https://mda.maryland.gov/plants-pests/SiteAssets/Pages/Pesticide-Information-for-Professionals/COMAR%2015.05..01%2010.22%20%281%29.pdf. Applicant must be sure to have a copy of the Regulations because it is part of the test material.

9. You are responsible for purchasing your own study material. See the list of suppliers on our website for obtaining study material.

10. A letter will be sent verifying the approval of your application.

11. A registration notice for the upcoming exam session will be issued. The notice will list dates and locations of the next exam sessions.

12. Applications will be kept on file for one year. If an applicant has not taken the certification examination within twelve months of submitting the application, the application will be discarded.

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

Date Appl. Received _____
Date Fees Received _____
Date Appl. Approved _____
Fee For:
License _____ Certificate _____
Extra Category _____
Check No. _____
Acct. No. _____ Ref. No. _____
License No. _____
Cert. No. _____ Control No. _____
Categories _____
Classification _____
Date Mailed _____

APPLICATION FOR ***INITIAL CERTIFICATION*** AS A PESTICIDE APPLICATOR UNDER THE MARYLAND PESTICIDE APPLICATOR'S LAW

(Please type or print name)

I _____
hereby apply for certification as a Pesticide Applicator in accordance with the provisions of the Agriculture Article, Section 5-201 through 5-211, Annotated Code of Maryland. I submit the following as evidence of my qualifications:

1. Home Address and Personal Information:

Street City State Zip

County Telephone No. Email Address

Date of Birth Social Security No. Driver's Lic. No.

PLEASE COMPLETE

REQUESTING ONLINE TESTING?

YES ☐ NO ☐ **PLEASE CHECK ONE**

2. Current or New Business/Agency Information:

☐ Check here if applying for a new Pesticide Business License within the state of Maryland, or if applying as part of a new public agency permit, and provide information below:

Business/Agency Name Current Md. Pest. Bus./Agency No.

Street City State Zip

County Telephone No. Email Address

3. Experience Record:

Your pesticide application experience must be verified by current or former employers. On page two describe work related to ***pest control*** in detail (i.e., pests controlled, pesticide used, etc.) Indicate if employment was part time.

Immediate Supervisor _____ Phone Number _____

Dates of Employment: From _____ (Month/Year) To _____ (Month/Year)

Position Held _____

Pesticide Application Duties _____

_____

_____

Former Employer _____ Bus. Lic. No. _____

Address of Employer _____

Immediate Supervisor Phone Number _____

Dates of Employment: From _____ (Month/Year) To _____ (Month/Year)

Position Held _____

Pesticide Application Duties _____

_____

_____

(Attach additional sheet if more than one former employer.)

4. Education:

a. High School - Graduated Yes (◉) No (○)
b. College - Graduated* Yes (○) No (○)

University or College	Month/Year	Degree or Certificate	Major

**** NOTE: (IF APPLICANT IS APPLYING FOR CERTIFICATION ON THE BASIS OF UNIVERSITY OR COLLEGE TRAINING, A TRANSCRIPT OF CREDITS MUST ACCOMPANY APPLICATION.) Photocopies of your transcript will be accepted. However, copies obtained from the internet will not be accepted.***

5. Certification and/or Registration Status:

a. Have you ever applied for certification in Maryland before? Yes (◉) No (○)

b. Have you ever held one of the following?

1. A Pesticide Applicator's Certificate or License in Maryland or another state?

Yes (○) No (○) If yes, explain below.

State	Expiration Date	Phone No. of Licensing Office	Certificate/License No.	Category(ies)
State	Expiration Date	Phone No. of Licensing Office	Certificate/License No.	Category(ies)

2. Have you ever been issued an ID card by the Maryland Department of Agriculture as a registered employee with a licensed business or public agency?

Yes ◯ No ◯

6. Check only those category(ies) in which you have a year or more experience for which certification is being applied. If applying on ***Degree***, please check category(ies) of pest control you will be performing.

Categories	**Years**	**Months**
1. Agriculture		
☐ A. Plant	_____	_____
☐ B. Animal	_____	_____
☐ C. Grain Treatment	_____	_____
2. ☐ Forest	_____	_____
3. Ornamental and/or Turf		
☐ A. Ornamental Plant and Shade Trees-Exterior	_____	_____
☐ B. Ornamental Plants - Interior	_____	_____
☐ C. Turf and/or Lawn	_____	_____
4. ☐ Seed Treatment	_____	_____
5. ☐ Aquatic	_____	_____
6. ☐ Right-of-Way and Weed	_____	_____
7. Industrial, Institutional, Structural & Health Related		
☐ A. General Pest Control	_____	_____
☐ B. Wood Destroying Insects	_____	_____
☐ C. Wildlife Control	_____	_____
☐ D. Rodent Control	_____	_____
☐ E. Fumigation	_____	_____
8. ☐ Public Health	_____	_____
9. ☐ Regulatory	_____	_____
10. ☐ Demonstration & Research	_____	_____
11. Miscellaneous Pest Control		
☐ A. Wood Treatment	_____	_____
☐ B. Tributyltin Antifoulant Paint (TBT)	_____	_____
☐ C. Sewer Root Control	_____	_____
13. ☐ Aerial	_____	_____

7. References:

Submit the ***attached*** experience verification form with application. Form must be completed by a person in the pesticide industry who can verify your qualifications and experience in the field of pest control. This person must have firsthand knowledge of your experience in the category(ies) in which certification is being applied. (Not applicable if applying for certification based on your education.)

8. APPLICATION OF PESTICIDES IN OR NEAR THE WATERS OF MARYLAND

(a) Any pesticide application made in or near waters of Maryland, are to be conducted in accordance with the Maryland Department of Environment's (MDE) General Permit for Discharges from the Application of Pesticides, 11-PE. Additionally, before any pesticides can be used for aquatic life management, in waters of Maryland, either the pesticide applicator, or decision maker, as defined by MDE's Permit, shall obtain a Toxic Materials Permit (TMP) from MDE.

I have read and understand the above information: Yes ( ) No ( )

Note: A copy of MDE's General Permit for Discharges from the Application of Pesticides, 11-PE, can be viewed and downloaded from MDE's website at: http://www.mde.state.md.us/programs/Permits/WaterManagementPermits/WaterDischargePermitApplications/Pages/GPPesticides.aspx.

I certify that I understand the above information and it is true and accurate to the best of my knowledge.

Signature of Applicant ***Title*** ***Date***

APPLICATIONS ARE KEPT ON FILE FOR ONE YEAR. IF CERTIFICATION IS NOT OBTAINED AND FEES ARE NOT SUBMITTED WITHIN TWELVE MONTHS, THE APPLICATION WILL BE DISCARDED.

Public Information Notice

Your application cannot be processed unless all of the information requested has been supplied. The information you supply notifies the Department of your interest in obtaining a license, certificate or permit under the Regulations Pertaining To The Pesticide Applicators Law, §15.05.01 et seq., Annotated Code of Maryland. This information is used by the Department to determine whether you are eligible to obtain a license, certificate or permit. You have a right to inspect, amend, or correct information. Under State Government Article, §10-611 et seq, Annotated Code of Maryland, this information may be available for public inspection. This information is not routinely shared with the general public or state, federal or local government agencies.

FOR DEPARTMENTAL USE ONLY		
SPECIAL INSTRUCTIONS	**CATEGORY(IES)**	
	STUDY MATERIAL	
QUALIFICATIONS VERIFIED BY:		
	REGS. MAILED	**EXAM NOTICE**

MDA-D-323
(Rev. 6/24)

MARYLAND DEPARTMENT OF AGRICULTURE
OFFICE OF PLANT INDUSTRIES AND PEST MANAGEMENT
PESTICIDE REGULATION SECTION
50 HARRY S. TRUMAN PARKWAY
ANNAPOLIS, MD 21401
410-841-5710
FAX 410-841-2765

VERIFICATION OF PESTICIDE APPLICATION / PEST CONTROL EXPERIENCE

I certify that _____ is/was employed
Name of Applicant

by _____ as a
Name of Business/Agency

pesticide applicator from _____ to _____ and qualifies for ***INITIAL*** certification in the following category(ies) of pest control:

CHECK ONLY THE CATEGORIES or SUB-CATEGORIES OF ELIGIBILITY

- ☐ 1. A - Agricultural - Plant
- ☐ 1. B - Agricultural - Animal
- ☐ 1. C - Grain Treatment
- ☐ 2. - Forest
- ☐ 3. A - Ornamental Plant - Exterior
- ☐ 3. B - Ornamental Plant - Interior
- ☐ 3. C - Turf
- ☐ 4. - Seed Treatment
- ☐ 5. - Aquatic
- ☐ 6. - Right of Way and Weed
- ☐ 7. A - General Pest Control
- ☐ 7. B - Wood Destroying Insects
- ☐ 7. C - Wildlife Control
- ☐ 7. D - Rodent Control
- ☐ 7. E - Fumigation
- ☐ 8. - Public Health
- ☐ 9. - Regulatory
- ☐ 10. - Demonstration and Research
- ☐ 11. A - Wood Treatment
- ☐ 11. B - Tributyltin Antifoulant Paint (TBT)
- ☐ 11. C - Sewer Root Control
- ☐ 13. - Aerial

This form must be signed by the person verifying the applicant's experience. ***THE APPLICANT MAY NOT SIGN HIS OR HER OWN EXPERIENCE FORM.***

Print Name _____

Signature _____

Certificate No. _____

Company/Agency Name _____

Telephone No. _____

Falsification of this information could lead to regulatory action.