INFORMATION FOR APPLICANTS

- 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.



County

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

Email Address.

		Date Appl. Receiv	Date Appl. Received					
		Date Fees Receiv	ed					
APP	PLICATION FOR <i>INITIAL</i>	Date Appl. Approv	Date Appl. Approved					
CER	RTIFICATION AS A PESTICIDE	Fee For:						
APP	LICATOR UNDER THE MARYLAND	License	Certificate					
PES	STICIDE APPLICATOR'S LAW	Extra Category						
(Plea	ase type or print name)							
			Ref. No					
	by apply for certification as a Pesticide							
	cator in accordance with the provisions							
	Agriculture Article, Section 5-201 through	Cert. No	Control No					
	I, Annotated Code of Maryland. I submit the	Categories						
ollow	ving as evidence of my qualifications:	Classification						
1	Home Address and Personal Information:	Date Mailed						
1.	nome Address and Personal Information.							
Street		City	State	Zip				
Count	y Telephone No.		Email Address					
o o u i i j	,		2111411714411000					
Date o	of Birth Social Security	No.	Driver's Lic. No.					
PLE/	ASE COMPLETE	DECLIECTING	ON INC TECTING	20				
			ONLINE TESTING PLEASE CHECK ONE	3				
2.	Current or New Business/Agency Information:		FLEASE CHECK ONE					
	_ Check here if applying for a new Pesticide Busin	ness License withir	the state of Maryla	and, or if				
	applying as part of a new public agency permit,	, and provide inforn	nation below:					
Rucino	ess/Agency Name		Current Md. Pest. Bus	· /Agongy No				
Juanit	sourgency Name		Current Mu. Fest. Dus	Agency INO.				
Street		City	State	Zip				

Telephone No

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.

Immedia	te Supervisor		Phone	Number		
Dates of	Employment: From	(Month	/Year) To			(Month/Year)
Position	Held					
Pesticide	e Application Duties					
Former E	Employer			Bus. L	ic. No	
Address	of Employer					
Immedia	ate Supervisor Phone Number					
Dates of	Employment: From	(Month	/Year) To			(Month/Year)
Position	Held					
Pesticide	e Application Duties					
	(Attac	h additional sheet if more	than one former	employer.)		
4. Edu	cation:					
	a. High School - Graduated b. College - Graduated*	Yes () Yes ()	No (No (,		
Universit	ty or College	Month/Year		Degree or Cert	ificate	Major
TRAIN	(IF APPLICANT IS APPLYING ING, A TRANSCRIPT OF CRED accepted. However, copies ob	DITS MUST ACCOMPANY AP	PLICATION.) Phot			
5. Cert	tification and/or Registrat	tion Status:				
	a. Have you ever applied for o	certification in Maryland befo	ore? Yes () No ()	
	b. Have you ever held one of	the following?				
	 A Pesticide Applic 	ator's Certificate or License	in Maryland or a	nother state?		
	Yes ()	No ()	If yes, explain be	elow.		
State	Expiration Date	Phone No. of Licensing Office	Certificate/Licens	se No.	Category(ies)
State	Expiration Date	Phone No. of Licensing Office	Certificate/Licens	se No.	Category(ies)

•	nose category(ies) in which you have a year or more d. If applying on <i>Degree</i> , please check category(ies	•	
Categor	ies	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		

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?

No ()

Yes ()

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.)

Ω	DISCLOSURE	OFC	ONVICTIO	ON OF	"CON	TROLLE	אם חד	NGFRO	211	SURST	MCF"	OFFENSE
o.	DISCLUSURE				CUIV	IRULLE	JU DAI	NGERU	ω	3003 <i>11</i>	1/VCE	UFFENSE

(a)	Have you been convicted of a	"controlled dangerous s	substance" offense comm i	tted on or after January 1, 1991?	
	Yes ()	No ()			
(b)	If you have been convicted of	a "controlled dangerous	s substance" offense com r	nitted on or after January 1, 1991	,

- (b) If you have been convicted of a "controlled dangerous substance" offense **committed on or after January 1, 1991**, submit with your application a copy (that the court's clerk certifies is true) of the docket entries in the case(s) in which the conviction(s) occurred.
- (c) Failure to disclose this information may result in the suspension or revocation of your license.

9. 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. Addition-
	ally, before any pesticides can be used for aquatic life management, in waters of Maryland, either the pesticide appli-
	cator, or decision maker, as defined by MDE's Permit, shall obtain a Toxic Materials Permit (TMP) from MDE.

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)		
	STUDYN	IATERIAL	
QUALIFICATIONS VERIFIED BY:		_	
	REGS. MAILED	EXAM NOTICE	



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 Applic	
by		as a
	Name of Business/Age	ncy
pesticide applicator from following category(ies) of p		_ and qualifies for <i>INITIAL</i> certification in the
CHECK ONL	Y THE CATEGORIES or S	UB-CATEGORIES OF ELIGIBILITY
1. B - A 1. C - A 2 Fo 3. A - O 3. B - O 3. C - A 4 Se 5 Aq 6 Ri 7. A - O This form must be signed	Ornamental Plant - Exterior Ornamental Plant - Interior Turf ed Treatment uatic ght of Way and Weed 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
	Print Name	
	Signature	
	Certificate No	
	Company/Agency N	Name
	Telephone No	

Falsification of this information could lead to regulatory action.