

MARYLAND DEPARTMENT OF AGRICULTURE
OFFICE OF PLANT INDUSTRIES AND PEST MANAGEMENT
PESTICIDE REGULATION SECTION



50 Harry S. Truman Parkway
Annapolis, Maryland 21401
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Reciprocity

APPLICATION FOR CERTIFICATION AS A **PRIVATE** APPLICATOR UNDER THE MARYLAND PESTICIDE APPLICATORS LAW

I hereby apply for certification as a Private Applicator in accordance with the provisions of the Agriculture Article, Section 5-201 through 5-211, Annotated Code of Maryland.

FOR DEPARTMENTAL USE	
Date of Test	_____
Date Appl. Received	_____
Test Score	_____
Date Test Results Mailed	_____
Date Fees Received	_____
Check No.	_____ Amount _____
Acct. No.	_____ Ref. No. _____
License No.	_____
Certificate No.	_____ Control No. _____
Date Cert. Mailed	_____
Date of Expiration	_____

PLEASE PRINT

1. Name:

First Middle Initial Last

2. Address:

Street City State Zip Code

County Social Security Number Driver's License Number Telephone Number

3. Check the appropriate block concerning the exam: _____ First Time _____ Retake

Signature Date