

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 Appl. Received	_____
Date Fees Received	_____
Fees Submitted :	
Check No. _____	Cash: _____
Acct. No. _____	Ref. No. _____
Date Mailed	_____

EMPLOYEE REGISTRATION AND I.D. CARD REQUEST

Complete the following information to register a new employee and to request an I.D. card. **Effective January 1, 2011 there is a \$30 fee for registering each new employee (fees do not apply to ID cards issued for public agencies, certified applicators or replacement ID cards).** Submit appropriate fees with application. Make checks payable to the Maryland Department of Agriculture. **Please note,** the Pesticide Regulation Section does not have the authority to prorate fees. Employee Registrations will expire June 30, regardless of the date issued.

NOTE: This form **does not serve** as a Change In Status form for a Certified Applicator when there is a change in employment.

1. PLEASE TYPE OR PRINT LEGIBLY:

_____		_____
BUSINESS OR AGENCY NAME		BUSINESS OR PERMIT NUMBER

STREET		CITY

STATE	ZIP CODE	TELEPHONE NUMBER

2. FEES: Number of Employees To Be Registered: _____ Fees Submitted: _____

3. APPLICATION MUST BE SIGNED BY LICENSEE OR PERMIT HOLDER

I hereby verify that the individual(s) listed on this form have successfully completed training in accordance with Section 15.05.01.04 et seq. Annotated Code of Maryland of the Regulations Pertaining To The Pesticide Applicators Law.

 Signature of Licensee or Permit Holder Date

Falsification of any information could result in a Civil Penalty assessment or place your Business License, Permit or Certificate in jeopardy.



4. Include a 1 inch by 1 inch color photo of each employee with the employee name printed on the back. Please list the certificate number only if the employee is currently certified.
NOTE: AN ID CARD CANNOT BE ISSUED UNLESS A PHOTO ACCOMPANIES THE REQUEST.

(OVER)

5. PLEASE TYPE OR PRINT LEGIBLY:

Is this a (Check One): New Card () Replacement Card ()

Employee Name: _____

Employee Social Security Number: _____ Employee Driver's License Number& State: _____

Date of Employment: _____ Certificate Number if Currently Certified: _____

Date Training Program Was Completed: _____

For Office Use Only: Reference No.: _____ Control No.: _____ ID No.: _____

Is this a (Check One): New Card () Replacement Card ()

Employee Name: _____

Employee Social Security Number: _____ Employee Driver's License Number& State: _____

Date of Employment: _____ Certificate Number if Currently Certified: _____

Date Training Program Was Completed: _____

For Office Use Only: Reference No.: _____ Control No.: _____ ID No.: _____

Is this a (Check One): New Card () Replacement Card ()

Employee Name: _____

Employee Social Security Number: _____ Employee Driver's License Number& State: _____

Date of Employment: _____ Certificate Number if Currently Certified: _____

Date Training Program Was Completed: _____

For Office Use Only: Reference No.: _____ Control No.: _____ ID No.: _____

Is this a (Check One): New Card () Replacement Card ()

Employee Name: _____

Employee Social Security Number: _____ Employee Driver's License Number& State: _____

Date of Employment: _____ Certificate Number if Currently Certified: _____

Date Training Program Was Completed: _____

For Office Use Only: Reference No.: _____ Control No.: _____ ID No.: _____