

## 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

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**

2. Current or New Business/Agency Information:

**REQUESTING ONLINE TESTING?**  
**YES**  **NO**  **PLEASE CHECK ONE**

\_\_\_\_\_ 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.	

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 _____	

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.

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





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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**

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

Email Address: \_\_\_\_\_