



DELAWARE DEPARTMENT OF
AGRICULTURE

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PESTICIDE APPLICATOR RECIPROCAL CERTIFICATION APPLICATION

To apply for certification, please complete and sign the application, and enclose a copy of your state's certification credentials. Government agency employees who apply or supervise the application of pesticides are exempt from the fee requirements if pesticide use is related to applicant's official duties.

APPLICANT INFORMATION

| | | | |
|---|--|------------------|--|
| Name: (Last, First, Middle) | | | |
| Current Mailing Address: | | | |
| City, State: | | Zip Code: | |
| Email: | | Phone: | |
| Firm Currently Employed By: | | Phone: | |
| Mailing Address: | | | |
| City, State: | | Zip Code: | |
| <input type="checkbox"/> \$30 Application fee to the Delaware Department of Agriculture enclosed (check or money order). | | | |

CATEGORY APPLIED FOR:

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> 1A AGRICULTURAL - PLANT | <input type="checkbox"/> 04 SEED TREATMENT | <input type="checkbox"/> 7A GENERAL PEST CONTROL | <input type="checkbox"/> 7F COOLING TOWER |
| <input type="checkbox"/> 1B AGRICULTURAL - ANIMAL | <input type="checkbox"/> 5A AQUATIC | <input type="checkbox"/> 7B WOOD DESTROYING | <input type="checkbox"/> 7G MISCELLANEOUS |
| <input type="checkbox"/> 1C FUMIGATION OF SOILS & AG. COMMODITIES | <input type="checkbox"/> 5B ANTIFOULING PAINT | <input type="checkbox"/> 7C FUMIGATION (NON-AG) | <input type="checkbox"/> 08 PUBLIC HEALTH |
| <input type="checkbox"/> 02 FORESTRY | <input type="checkbox"/> 5C MOSQUITO | <input type="checkbox"/> 7D WOOD PRESERVATIVES | <input type="checkbox"/> 09 REGULATORY |
| <input type="checkbox"/> 03 ORNAMENTAL & TURF | <input type="checkbox"/> 06 RIGHT-OF-WAY | <input type="checkbox"/> 7E INSTITUTIONAL & MAINTENANCE | <input type="checkbox"/> 10 DEMONSTRATION & RESEARCH |

PROGRAM ACKNOWLEDGMENTS

I, _____, hereby apply for certification as a Pesticide Applicator in accordance with the provisions of 3 Del. C. § 1215-1223.

Applicant's Name

Signature: _____

Date: _____