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**

<table>
<thead>
<tr>
<th>Name: (Last, First, Middle)</th>
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<tbody>
<tr>
<td>Current Mailing Address:</td>
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<tr>
<td>City, State:</td>
<td>Zip Code:</td>
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<td>Email:</td>
<td>Phone:</td>
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<td>Firm Currently Employed By:</td>
<td>Phone:</td>
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<td>Mailing Address:</td>
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<tr>
<td>City, State:</td>
<td>Zip Code:</td>
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☐ $30 Application fee to the Delaware Department of Agriculture enclosed (check or money order).

**CATEGORY APPLIED FOR:**

- ☐ 1A AGRICULTURAL - PLANT
- ☐ 04 SEED TREATMENT
- ☐ 7A GENERAL PEST CONTROL
- ☐ 7F COOLING TOWER
- ☐ 1B AGRICULTURAL - ANIMAL
- ☐ 5A AQUATIC
- ☐ 7B WOOD DESTROYING
- ☐ 7G MISCELLANEOUS
- ☐ 1C FUMIGATION OF SOILS & AG. COMMODITIES
- ☐ 5B ANTIFOULING PAINT
- ☐ 7C FUMIGATION (NON-AG)
- ☐ 08 PUBLIC HEALTH
- ☐ 02 FORESTRY
- ☐ 5C MOSQUITO
- ☐ 7D WOOD PRESERVATIVES
- ☐ 09 REGULATORY
- ☐ 03 ORNAMENTAL & TURF
- ☐ 06 RIGHT-OF-WAY
- ☐ 7E INSTITUTIONAL & MAINTENANCE
- ☐ 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: ________________________________