



DELAWARE DEPARTMENT OF
AGRICULTURE

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PESTICIDE APPLICATOR CERTIFICATION APPLICATION

To apply for certification under the Delaware Pesticide Law, please complete and sign the application, and enclose payment. Government agency employees who apply or supervise the application of pesticides are exempt from the fee requirements if pesticide use is related to the applicant's official duties.

APPLICANT INFORMATION

Name: (Last, First, Middle)		
Current Mailing Address:		Certification No.:
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). Type of certifications requested (Check): <input type="checkbox"/> Initial <input type="checkbox"/> Recertification <input type="checkbox"/> Category Addition <input type="checkbox"/> Private <input type="checkbox"/> Government <input type="checkbox"/> Commercial		

CATEGORY APPLIED FOR CORE PRIVATE APPLICATOR EXAM DATE: _____

<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 Signature: _____

Date: _____