

GEORGIA DEPARTMENT OF AGRICULTURE

Pesticide Division, 19 M.L.K. Jr. Drive, Room 543, Atlanta, GA 30334

PRIVATE PESTICIDE APPLICATOR'S LICENSE APPLICATION

| | | |
|---|---|---|
| Date of Application ____-____-____ MONTH DAY YEAR | Date of Birth (must be 16 years of age or older) ____-____-____ MONTH DAY YEAR | Home Telephone Number (____)-____-____ |
|---|---|---|

Name _____
(Last) (First) (Middle)

Mailing Address _____
(If P.O. Box, also give physical address)

City _____ State _____ Zip Code _____ County _____

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| CERTIFICATION METHOD THIS IS MY FIRST APPLICATION FOR GEORGIA "RESTRICTED USE" PESTICIDE CERTIFICATION. I AM REQUESTING A RECIPROCAL LICENSE. I AM A PRIVATE PESTICIDE APPLICATOR IN THE STATE OF _____ MY LICENSE WAS ISSUED _____ MY LICENSE WILL EXPIRE _____ I HAVE PREVIOUS APPLICATION ON FILE WITH THE GEORGIA DEPARTMENT OF AGRICULTURE. THIS APPLICATION IS BEING FILED FOR THE FOLLOWING REASON(S). DUPLICATE LICENSE REQUEST RETEST | CHECK ONE (1) Interactive Computer Training (use this form) (2) Video training/label exercise (submit old form) (3) Single Product Certification Only |
| | IMPORTANT! Definition of Private Applicator "Private applicator" means any individual who purchases, uses, or supervises the use of any pesticide classified as restricted use for purposes of producing any agricultural or forestry commodity on property owned or rented by him or his employer or, if applied without compensation other than the trading of personal services between producers of agricultural and forestry commodities, on the property of another person. |

In order to obtain a private pesticide applicator's license in (76CRa)9ao(c.14.746m()Tj0.0004 Tc 7.980 0V-(Mr(FRa)ia,icat)you m(pesuRa)st bo

No

I certify that the above information is true and correct _____
Applicant's Signature

Note to agents. If a client does not qualify for a private pesticide applicator's license, he/she could still receive a GCAPP certificate. Visit the pesticide web site <http://www.ent.uga.edu/pesticide.htm> for more information or to print out the certificate. Contact Dr. Paul Guillebeau (bugman@uga.edu) with questions.

If a client trained using the old video/label exercise, do not submit this form. Submit the old form revised 4/05.

DO NOT WRITE BELOW THIS LINE

I hereby certify that the applicant returned a verification form showing completion of the computer-based certification program to purchase and apply restricted use pesticides, and, to the best of my knowledge, intends to use these products in the production of an agricultural commodity.