



DELAWARE DEPARTMENT OF  
**AGRICULTURE**

2320 SOUTH DUPONT HIGHWAY  
DOVER, DELAWARE 19901  
AGRICULTURE.DELAWARE.GOV

TELEPHONE: (302) 698-4500  
TOLL FREE: (800) 282-8685  
FAX: (302) 697-6287

## 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

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

### 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"/> 08 PUBLIC HEALTH               |
| <input type="checkbox"/> 1C FUMIGATION OF SOILS<br>& AG. COMMODITIES | <input type="checkbox"/> 5B ANTIFOULING PAINT | <input type="checkbox"/> 7C FUMIGATION (NON-AG)            | <input type="checkbox"/> 09 REGULATORY                  |
| <input type="checkbox"/> 02 FORESTRY                                 | <input type="checkbox"/> 5C MOSQUITO          | <input type="checkbox"/> 7D WOOD PRESERVATIVES             | <input type="checkbox"/> 10 DEMONSTRATION &<br>RESEARCH |
| <input type="checkbox"/> 03 ORNAMENTAL & TURF                        | <input type="checkbox"/> 06 RIGHT-OF-WAY      | <input type="checkbox"/> 7E INSTITUTIONAL &<br>MAINTENANCE | <input type="checkbox"/> 11 AERIAL PEST CONTROL         |

### 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: \_\_\_\_\_