



**VERIFICATION OF STRUCTURAL PESTICIDE
APPLICATOR EXPERIENCE**

DATE _____

A SEPARATE FORM MUST BE COMPLETED FOR EACH EMPLOYER WITH WHICH YOU HAVE GAINED EXPERIENCE.

I, _____
(APPLICANT'S NAME)
have gained _____ months of experience within the last three (3) years.

The experience was as an (check the classification(s) which describe your duties):
 Applicator Salesperson Inspector; in the category(ies) listed below

CHECK THE APPROPRIATE CATEGORIES
 7A-General Structural Pest Control 7B-Termite Pest Control 7C-Fumigation Pest Control

START DATE	END DATE
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NAME OF CERTIFIED APPLICATOR WHO PROVIDED DIRECT SUPERVISION	CERTIFIED APPLICATOR LICENSE NUMBER
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EXPERIENCE GAINED IN THE STATE OF _____

EMPLOYED WITH _____

BUSINESS ADDRESS _____

CITY	STATE	ZIP CODE
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I AFFIRM THAT THE ABOVE STATEMENT IS TRUE TO THE BEST OF MY KNOWLEDGE.

APPLICANT'S SIGNATURE* _____

LICENSE NUMBER*	EXPIRATION DATE*
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CERTIFIED APPLICATOR'S SIGNATURE REQUIRED IF WITH SAME COMPANY* _____

LICENSE NUMBER*	EXPIRATION DATE*
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_____ ***REQUIRED**

MILITARY BENEFITS / SERVICE

1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? Yes No
2. If yes, would you like to receive information and assistance regarding veterans benefits and services? Yes No
3. If yes, may the agency share your contact information with the Missouri Veterans Commission to provide such information? Yes No

General information may also be found at the Missouri Veterans Commission's website.