



2219 Carey Ave | Cheyenne, WY 82002 | Phone: 307-777-7324 | Fax: 307-777-6593 | agrtshelpdesk@wyo.gov

FOR OFFICE USE ONLY
 ACTIVATION DATE: _____
 EXPIRATION DATE: _____
 LICENSE No.: _____

**TECHNICAL SERVICES DIVISION
 PRIVATE APPLICATOR LICENSE**

PLEASE CHOOSE (CHECK ONE): NEW APPLICATION _____ RECERTIFICATION _____

CURRENT LICENSE NUMBER IF RECERTIFICATION: _____

NAME: _____
LAST FIRST M.I.

MAILING ADDRESS: _____
STREET CITY STATE ZIP

PHYSICAL ADDRESS: _____
STREET CITY STATE ZIP

TELEPHONE: (____) ____ - _____ E-MAIL: _____ BIRTHDATE: ____/____/____
MONTH DAY YEAR

LICENSE CATEGORIES
 CHECK THE CATEGORIES FOR WHICH YOU ARE APPLYING. INSTRUCTOR/TRAINER MUST SIGN AND DATE THE TRAINING COLUMNS BELOW.
 *NOTE: SHADED AREAS ARE FOR WDA USE ONLY

X	CODE	LICENSE TYPE	TESTING LOCATION	EXAM SCORE	DATE
	1001	GENERAL CERTIFICATION			
	1003	SODIUM CYANICE PREDATOR CONTROL (M44)			
	1005	CHEMIGATION			
	1006	AERIAL APPLICATION			
	1007	FUMIGATION			

YOUR SIGNATURE BELOW INDICATES THAT YOU: HAVE READ AND UNDERSTAND ALL APPLICABLE WYOMING STATUTES AND REGULATIONS; AGREE TO ABIDE BY THE LAWS AND REGULATIONS SET FORTH THEREIN; UNDERSTAND EACH SECTION OF LAWS AND REGULATIONS IS SEPARATELY AND COLLECTIVELY ENFORCEABLE. **NOTE: INCOMPLETE APPLICATIONS WILL BE RETURNED.**

 SIGNATURE OF APPLICANT

 DATE

 PROCTOR, TRAINER OR WDA OFFICIAL

 DATE

PRIVATE APPLICATOR LICENSES ARE VALID THROUGH APRIL 30TH OF THE FOURTH YEAR OF ISSUE. FOR EXAMPLE: IF YOUR LICENSE IS ISSUED OCTOBER 15, 2021 THE LICENSE WILL EXPIRE APRIL 30, 2025.

THERE IS NO COST ASSOCIATED WITH THIS LICENSE.