



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.
(NUMBER OF MONTHS)

The experience was as an (check the classification(s) which describes your job 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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DIRECT SUPERVISOR	DIRECT SUPERVISOR'S 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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SUPERVISOR'S SIGNATURE REQUIRED IF WITH SAME COMPANY	LICENSE NUMBER	EXPIRATION DATE
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THIS FORM MUST BE SIGNED AND NOTARIZED BY A NOTARY PUBLIC

STATE OF _____

COUNTY OF _____

On this _____ day of _____ in the year _____, before me, the undersigned notary public, personally appeared _____, known to me to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledge that he/she/they executed the same for the purposes therein contained. In witness thereof, I hereunto set my hand and official seal.

(SEAL)

NOTARY PUBLIC SIGNATURE _____