STATE OF MISSOURI
DEPARTMENT OF AGRICULTURE

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
DIRECT SUPERVISOR	DIRECT SUPERVISOR'S LICENSE NUMBER

EXPERIENCE GAINED IN THE STATE OF

EMPLOYED WITH

BUSINESS ADDRESS

CITY	STATE	ZIP CODE

I AFFIRM THAT THE ABOVE STATEMENT IS TRUE TO THE BEST OF MY KNOWLEDGE.

APPLICANT'S SIGNATURE	LICENSE NUMBER	EXPIRATION DATE
SUPERVISOR'S SIGNATURE REQUIRED IF WITH SAME COMPANY	LICENSE NUMBER	EXPIRATION DATE

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