



**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 \_\_\_\_\_