



CERTIFIED APPLICATOR AND PESTICIDE DEALER APPLICATION

DATE

ALL QUESTIONS MUST BE ANSWERED. PLEASE TYPE OR PRINT CLEARLY.

NAME	DATE OF BIRTH	SOCIAL SECURITY NUMBER (LAST FOUR) XXX - XX -
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OTHER NAMES (MAIDEN, ALIASES, ETC.)	EMAIL
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RESIDENTIAL ADDRESS (NO PO BOX ACCEPTED)	PHONE
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CITY	COUNTY	STATE	ZIP
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BUSINESS NAME

BUSINESS ADDRESS FROM WHICH PESTICIDES WILL BE USED	BUSINESS PHONE
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CITY	COUNTY	STATE	ZIP
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BUSINESS MAILING ADDRESS (IF PHYSICAL ADDRESS CANNOT RECEIVE MAIL)
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CITY	COUNTY	STATE	ZIP
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PLEASE CHECK THE CLASSIFICATION OF LICENSE (CERTIFIED COMMERCIAL APPLICATOR, CERTIFIED NONCOMMERCIAL APPLICATOR, CERTIFIED PUBLIC OPERATOR OR PESTICIDE DEALER) AND THE CATEGORIES IN THE CLASSIFICATION IN WHICH YOU WISH TO BECOME LICENSED. YOUR APPLICATION CANNOT BE PROCESSED WITHOUT THIS INFORMATION.

CLASSIFICATIONS: Commercial Applicator Noncommercial Applicator
 Public Operator Pesticide Dealer (No Category Required)

(1a) Agricultural Plant Pest Control	(7b) Termite Pest Control	
(1b) Agricultural Animal Pest Control	(7c) Fumigation Pest Control	
(2) Forest Pest Control	(8) Public Health Pest Control	
(3) Ornamental and Turf Pest Control	(9) Regulatory Pest Control	
(4) Seed Treatment Pest Control	(10) Demonstration & Research Pest Control	
(5) Aquatic Pest Control	(5B) Sewer Root Pest Control	(11) Wood Products Pest Control
(6) Right-of-Way Pest Control	(12) Soil Fumigation Pest Control	
(7a) General Structural Pest Control	(13) Aerial Pest Control	

FOR OFFICE USE ONLY

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List your employers for the last three years - CURRENT EMPLOYER FIRST a. Company Name b. Address c. Telephone Number Use additional sheets as needed.	IMMEDIATE SUPERVISOR NAME AND TITLE	DATE EMPLOYED				NATURE OF WORK
		FROM		TO		
		MO.	YR.	MO.	YR.	
1. a.						
b.						
c.						
2. a.						
b.						
c.						
3. a.						
b.						
c.						

Answer the following questions by checking yes or no. Explain any yes answers in the space provided. Answering yes to any of these questions does not necessarily disqualify you from obtaining a pesticide license in Missouri. Providing untruthful answers to these questions or untruthful or inaccurate information in any part of the application process is grounds for denial, suspension or revocation of pesticide licenses in Missouri.

- | | | |
|---|---------------------------------|--------------------------------|
| 1. Do you currently hold any type of pesticide license, permit, certification or registration in Missouri or any other state? | YES
<input type="checkbox"/> | NO
<input type="checkbox"/> |
| 2. Have you ever held any type of pesticide license, permit, certification or registration in Missouri or any other state? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you had any type of pesticide license, permit, certification or registration denied, suspended, revoked or modified? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you ever had a civil penalty issued against you as the holder of any type of pesticide license, permit, certification or registration? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are you currently subject to criminal prosecution for or have you ever been found guilty of, entered a plea of guilty or nolo contendere to: | | |
| A. Offenses reasonably related to the qualifications, functions, or duties of any profession regulated under the Missouri Pesticide Use Act? | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Offenses an essential element of which is fraud or dishonesty? | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Offenses involving an act of violence? | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Offenses involving moral turpitude? | <input type="checkbox"/> | <input type="checkbox"/> |

EXPLAIN ANY YES ANSWER; USE ADDITIONAL PAGES IF NECESSARY.

INCOMPLETE OR UNSIGNED APPLICATIONS WILL NOT BE ACCEPTED.

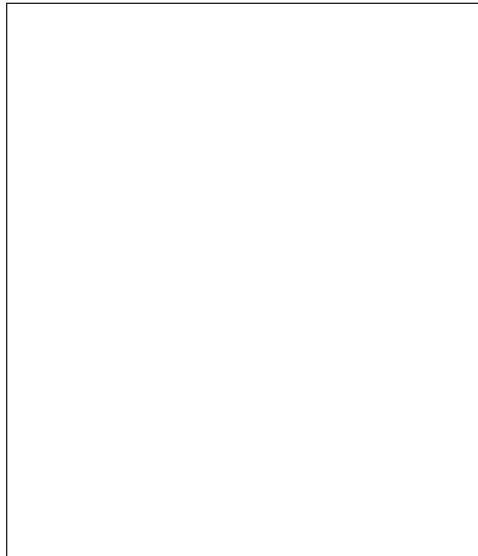
ANY APPLICANT WHO WILLFULLY MAKES A FALSE STATEMENT ON THIS OR ANY DOCUMENT SUBMITTED IN APPLICATION FOR A MISSOURI PESTICIDE LICENSE MAY BE SUBJECT TO THE PROVISIONS OF SECTION 281.101 RSMo.

I HEREBY CERTIFY THAT ALL OF THE INFORMATION IN THIS DOCUMENT IS TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND IS PROVIDED IN GOOD FAITH.

SIGN LEGAL NAME

DATE

IF SUBMITTING BY MAIL, ATTACH RECENT HEAD AND SHOULDER PHOTOGRAPH OR PDF HERE. IF SUBMITTING ONLINE THROUGH MOPLANTS, YOU ARE REQUIRED TO UPLOAD A SEPARATE IMAGE FILE.



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.

Submit application materials to:
MISSOURI DEPARTMENT OF AGRICULTURE
PESTICIDE PROGRAM
P.O. BOX 630
JEFFERSON CITY, MO 65102
573-751-5504 or 573-751-5509

MAKE PAYABLE TO: MISSOURI DEPARTMENT OF AGRICULTURE

License fees and additional application instructions can be found at agriculture.mo.gov/plants/pesticides.

Or upload application materials through the MOPlants online submission process at:
<https://apps.mda.mo.gov/moplants/SecurityLogin.aspx>
If submitting online, payment will be made by credit/debit card or e-check.