



**CERTIFIED PRIVATE APPLICATOR
AND CERTIFIED PROVISIONAL PRIVATE APPLICATOR APPLICATION**

CHAPTER 281.020 (2) (D) OF THE MISSOURI PESTICIDE USE ACT:

“CERTIFIED PRIVATE APPLICATOR,’ ANY INDIVIDUAL WHO IS CERTIFIED BY THE DIRECTOR AS AUTHORIZED TO USE ANY PESTICIDE THAT IS CLASSIFIED FOR RESTRICTED USE FOR PURPOSES OF PRODUCING ANY AGRICULTURAL COMMODITY ON PROPERTY OWNED OR RENTED BY THE INDIVIDUAL OR THE INDIVIDUAL’S EMPLOYER OR ON THE PROPERTY OF ANOTHER PERSON, IF USED WITHOUT COMPENSATION OTHER THAN TRADING OF PERSONAL SERVICES BETWEEN PRODUCERS OF AGRICULTURAL COMMODITIES;”

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

NAME		DATE OF BIRTH	SSN (LAST FOUR DIGITS) XXX-XX-	
OTHER NAMES (MAIDEN, ALIASES, ETC.)		EMAIL		
RESIDENTIAL ADDRESS (NO PO BOX ACCEPTED)			PHONE	
CITY	COUNTY	STATE	ZIP CODE	
BUSINESS/FARM NAME				
BUSINESS/FARM ADDRESS FROM WHICH PESTICIDES WILL BE USED			BUSINESS PHONE	
CITY	COUNTY	STATE	ZIP CODE	
BUSINESS/FARM MAILING ADDRESS (IF PHYSICAL ADDRESS CANNOT RECEIVE MAIL)				
CITY	COUNTY	STATE	ZIP CODE	

IF YOU ARE NOT A PRODUCER OF AGRICULTURAL COMMODITIES, PLEASE CALL THE MISSOURI DEPARTMENT OF AGRICULTURE IN JEFFERSON CITY AT 573-751-5509 FOR INFORMATION REGARDING THE PROPER PESTICIDE CERTIFICATION LICENSURE.

I AM A PRODUCER OF AN AGRICULTURAL COMMODITY AS DEFINED IN 2 CSR 70-25.010 (2). <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> I HAVE PASSED REQUIRED EXAMS	I AM CURRENTLY LICENSED AS A CERTIFIED PRIVATE APPLICATOR. <input type="checkbox"/> YES <input type="checkbox"/> NO	LICENSE #:
	<input type="checkbox"/> I HAVE COMPLETED REQUIRED ONLINE TRAINING		

I AM CURRENTLY: 18 YEARS OF AGE OR OLDER
 16 OR 17 YEARS OF AGE (SEE PROVISIONAL BOX BELOW)
(PROVISIONALS MAY ONLY RECEIVE CATEGORY 20)

I AM APPLYING FOR: CATEGORY 20-GENERAL AGRICULTURAL PEST CONTROL **(REQUIRED)**
 CATEGORY 21-SOIL FUMIGATION PEST CONTROL
 CATEGORY 22-NON-SOIL FUMIGATION PEST CONTROL
 CATEGORY 23-AERIAL PEST CONTROL

CERTIFIED PROVISIONAL PRIVATE APPLICATORS ONLY: LIST THE NAME AND LICENSE NUMBER OF YOUR IMMEDIATE FAMILY MEMBER WHO HOLDS A CERTIFIED PRIVATE APPLICATOR LICENSE AT THE SAME FARM (281.020 (15)):

NAME OF IMMEDIATE FAMILY MEMBER:	LICENSE NUMBER OF IMMEDIATE FAMILY MEMBER:
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I HEREBY ATTEST TO THE FACT THAT I CAN READ AND COMPREHEND A PESTICIDE LABEL AND LABELING DIRECTIONS. I UNDERSTAND MY LEGAL RESPONSIBILITY FOR THE USE OF PESTICIDES IN ACCORDANCE WITH LABEL INSTRUCTIONS AND WARNINGS. I HEREBY CERTIFY THAT ALL OF THE INFORMATION IN THIS DOCUMENT IS TRUE, TO THE BEST OF MY KNOWLEDGE, AND PROVIDED IN GOOD FAITH.

SIGNATURE OF APPLICANT:	DATE:
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