



**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.

The experience was as an (check the classification(s) which describe your 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

NAME OF CERTIFIED APPLICATOR WHO PROVIDED DIRECT SUPERVISION	CERTIFIED APPLICATOR 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*

CERTIFIED APPLICATOR'S SIGNATURE REQUIRED IF WITH SAME COMPANY* _____

LICENSE NUMBER*	EXPIRATION DATE*

_____ ***REQUIRED**