



MISSOURI DEPARTMENT OF AGRICULTURE
 DIVISION OF PLANT INDUSTRIES
PESTICIDE TECHNICIAN APPLICATION

BUREAU OF PESTICIDE CONTROL
 PO BOX 630
 JEFFERSON CITY, MO 65102

DATE

ALL QUESTIONS MUST BE ANSWERED. IF NOT APPLICABLE, MARK N/A

NAME	DATE OF BIRTH	SOCIAL SECURITY NUMBER (LAST FOUR) XXX - XX -
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OTHER NAMES (MAIDEN, ALIASES, ETC.)

RESIDENTIAL ADDRESS (NO PO BOX ACCEPTED)	PHONE
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CITY	COUNTY	STATE	ZIP CODE
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BUSINESS NAME	DATE EMPLOYED TO USE PESTICIDES	CERTIFIED COMMERCIAL SUPERVISOR
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BUSINESS ADDRESS FROM WHICH PESTICIDES WILL BE USED	BUSINESS TELEPHONE
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CITY	COUNTY	STATE	ZIP CODE
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BUSINESS MAILING ADDRESS (IF PHYSICAL ADDRESS CANNOT RECEIVE MAIL)

CITY	COUNTY	STATE	ZIP CODE
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I AM APPLYING FOR THE FOLLOWING PESTICIDE TECHNICIAN LICENSE CATEGORY(IES). CHECK APPROPRIATE BOX(ES).

- 3, ORNAMENTAL AND TURF 7A, GENERAL STRUCTURAL 7B, TERMITE

	LIST YOUR PREVIOUS EMPLOYERS FOR THE LAST THREE YEARS: A. COMPANY NAME B. CITY/STATE C. TELEPHONE NUMBER USE ADDITIONAL SHEETS AS NEEDED.	IMMEDIATE SUPERVISOR NAME AND TITLE	DATES EMPLOYED		NATURE OF WORK
			FROM	TO	
			MO/DAY/YR	MO/DAY/YR	
1.	A.				
	B.				
	C.				
2.	A.				
	B.				
	C.				
3.	A.				
	B.				
	C.				

FOR OFFICE USE ONLY

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 a pesticide license in Missouri.

1. DO YOU CURRENTLY HOLD ANY TYPE OF PESTICIDE LICENSE, PERMIT, CERTIFICATION OR REGISTRATION IN MISSOURI OR ANY OTHER STATE? YES NO
2. HAVE YOU EVER HELD ANY TYPE OF PESTICIDE LICENSE, PERMIT, CERTIFICATION OR REGISTRATION IN MISSOURI OR ANY OTHER STATE? YES NO
3. HAVE YOU EVER HAD ANY TYPE OF PESTICIDE LICENSE, PERMIT, CERTIFICATION OR REGISTRATION DENIED, SUSPENDED, REVOKED OR MODIFIED? YES NO
4. HAVE YOU EVER HAD A CIVIL PENALTY ISSUED AGAINST YOU AS THE HOLDER OF ANY TYPE OF PESTICIDE LICENSE, PERMIT, CERTIFICATION OR REGISTRATION? YES NO
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 AND DUTIES OF ANY PROFESSION REGULATED UNDER THE MISSOURI PESTICIDE USE ACT? YES NO
 - B. OFFENSES AN ESSENTIAL ELEMENT OF WHICH IS FRAUD OR DISHONESTY? YES NO
 - C. OFFENSES INVOLVING AN ACT OF VIOLENCE? YES NO
 - D. OFFENSES INVOLVING MORAL TURPITUDE? YES NO

EXPLAIN ANY YES ANSWERS, USE ADDITIONAL PAGES AS NEEDED.

<p>ATTACH A HEAD AND SHOULDER PHOTOGRAPH HERE</p>	<p>AN UNSIGNED OR IMPROPERLY COMPLETED APPLICATION 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 SECTIONS 281.101 RSMO.</p> <p>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 MADE IN GOOD FAITH.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">SIGNATURE</td> <td style="width: 20%;">DATE</td> </tr> <tr> <td style="height: 40px;"></td> <td></td> </tr> </table> <p style="text-align: center;"> Submit application materials to: PESTICIDE PROGRAM P.O. BOX 630 JEFFERSON CITY, MO 65102 (573) 751-5509 or (573) 751-5504 Or upload application materials through the MOPlants online submission process at: https://apps.mda.mo.gov/moplants/SecurityLogin.aspx </p>	SIGNATURE	DATE		
SIGNATURE	DATE				