

Vermont Agency of Agriculture, Food & Markets

116 State St Montpelier VT 05620-2901 802-828-2431 http://agriculture.vermont.gov

APPLICATION FOR A PRIVATE PESTICIDE APPLICATOR CERTIFICATE

Application is hereby made for a certificate to apply pesticides under the provisions of 6 V.S.A Chapter 87 and regulations pertaining to the commodity groups indicated below. The fee, as of July 1, 2016, is **\$25** for a five-year certificate.

| APPLICATOR INFORMATION (print | Applicator # (for office use only) | | | | | | | | |
|-------------------------------|------------------------------------|-------|------------|----------------|-------------------------------|--|--|--|--|
| First Name: | Middle Initia | al: | Last Name: | | Suffix: (Jr., Sr., III, etc.) | | | | |
| | | | | | | | | | |
| Mailing Address line 1: | | | | | | | | | |
| Mailing Address line 2: | | | | | | | | | |
| Town: | County: | | | State: | Zip: | | | | |
| Phone: | | Gende | r: M 🗆 | Date of Birth: | | | | | |
| Email: | | | F | | | | | | |

| Farm or Employer Name: | | | | | | | | |
|--|--------|--|-----|--|--|--|--|--|
| Physical Address of Farm or Property: | | | | | | | | |
| Torres | Statas | | 7: | | | | | |
| Town: | State: | | Zip | | | | | |
| Check $(\sqrt{)}$ intended site of use of pesticide at the farm or employer: | | | | | | | | |
| | 1. | Animal and Livestock (Treating Dairy, Sheep, Horses, Etc.) | | | | | | |
| | 2. | Tree Fruit (Apples, Pears, Etc.) | | | | | | |
| | 3. | Vegetable and Small Fruit (Berries, Gardens, Etc.) | | | | | | |
| | 4. | Plant Propagation (Greenhouse, Nursery, Christmas Tree) | | | | | | |
| | 5. | Aquaculture (Aquatic Weed Control, Fish Ponds) | | | | | | |
| | 6. | Field Crops (Alfalfa, Corn, Hay Crops) | | | | | | |

CERTIFICATION OF COMPLIANCE WITH 15 V.S.A SECTION 795 AND 32 VSA SECTION 3113

I hereby certify that I am in good standing with respect to any obligations for child support and, that under the pains and penalties of perjury, I am in good standing with respect to or in full compliance with a plan approved by the Commissioner of Taxes to pay any and all taxes due to the State of Vermont as of the date of this application.

| SIGNATURE: | | _Date: | | | | |
|--------------------|-----------|--------|---------|------|--|----------|
| *FOR OFFICE | USE ONLY* | | | | | |
| Date | Amount | Cash □ | Check □ | Name | | Initials |