



WEST VIRGINIA DEPARTMENT OF AGRICULTURE

Pesticide Regulatory Programs, Licensing Section

1900 Kanawha Blvd., East

Charleston, WV 25305-0190

For Office Use Only

Batch Number 6696-9552

License Number

Registered Technician Application

Name Social Security Number

Employed By

NOTICE: All registered technician cards will be mailed to the company providing training for this application. Within 30 days of termination from this company, the technician must surrender this card to our office.

Company Address County

City State Zip Code

Telephone Number Fax Number

Company's \*LPAB or RPAB # MUST LIST NUMBER.

Have you been registered as a technician in West Virginia before? No Yes

Persons who terminate and then return to registered technician status with the same company must take the registered technician examination.

I hereby certify that I have completed the Registered Technician Pesticide Training Program as approved by the West Virginia Department of Agriculture or passed the Registered Technician Exam.

YOU MUST CIRCLE THE CATEGORY(IES) FOR WHICH YOU HAVE RECEIVED TRAINING.

- 1 - Agricultural Plant Pest Control
2 - Agricultural Animal Pest Control
3 - Forest Pest Control
4A - Ornamental & Turf Outdoors
4B - Ornamental Pest Control Indoors
5 - Seed Treatment
6 - Aquatic Pest Control
7 - Right-of-Way/Industrial Weed
8A - General Pest
8B - Structural Pest
8C - Fumigation
8D - Wood Treatment
8E - Urban IPM
9 - Public Health
10 - Regulatory
11 - Demonstration & Research
12 - Pesticide Storage & Distribution
13A - Predator Control
13B - Sewer Root Control
13C - Hardwood Tree Release
13D - Mosquito Control
13E - Black Fly Control

Signature of applicant:

This technician will work under the supervision of our certified applicator listed below:

Certified employee Commercial Applicator's Number

I hereby affirm by my signature that this applicant has been provided adequate training, in the category(ies) specified above, and has demonstrated competency in the proper use of pesticides.

INITIAL REGISTERED TECHNICIAN TRAINING Must complete all information

Program Approval Number
Program Completion Date:
Print Instructor's Full Name
Instructor's Signature
Instructor's Certification Number

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REGISTERED TECHNICIAN EXAMINATION RESULTS

Exam Date:

Exam Score: