

4.	I have attended the following educational workshops, classes, etc. (other than a degree program) related to pesticide applications:	
5.	Other application experience: <i>e.g. fertilizer application, etc.</i>	

SECTION D: Qualified pesticide applicator employment history (i.e. positions where duties included applying pesticides and/or self-employment as a pesticide applicator)

Business Name	Street Address City, State, Zip Code	Phone number with area code	Contact Person	Dates employed with the firm or gained experience
General Description of Duties			Categories of Application	
Business Name	Street Address City, State, Zip Code	Phone number with area code	Contact Person	Dates employed with the firm or gained experience
General Description of Duties			Categories of Application	
Business Name	Street Address City, State, Zip Code	Phone number with area code	Contact Person	Dates employed with the firm or gained experience
General Description of Duties			Categories of Application	

SECTION E: College/University Degrees that include pest control elements

You must also submit a copy of the transcript for the degree

Name of College/University	Degree	State	Year

SECTION F: Signature

I hereby affirm that I am the applicator referred to in Sections B through E of this statement of experience and that all statements and enclosures are true and accurate to the best of my knowledge, information, and belief.

MUST BE SIGNED IN PRESENCE OF NOTARY	SIGNATURE OF APPLICATOR →		Date
	STATE	MY COMMISSION EXPIRES	COUNTY
	SUBSCRIBED AND SWORN BEFORE ME, THIS DAY OF YEAR		USE RUBBER STAMP IN CLEAR AREA BELOW
	NOTARY PUBLIC SIGNATURE		
	NOTARY PUBLIC NAME (TYPE D OR PRINTED)		