

Pesticide and Fertilizer Program

1320 Research Park Dr. Manhattan, KS 66502 (785) 564-6688 KDA.PestFert@ks.gov

New Chemigation Equipment Operator (CEO) Application

Are you a current or former military service member, or spouse of	f a service member? □ Yes □ No			
Do you plan on establishing residency in Kansas? ☐ Yes ☐ No				
First Name, M.I.:	Last Name:			
Mailing Address:				
Phone:	Email:			
(pesticide or fertilizer) or for blending effluent with fresh war issued a Chemigation User's Permit (CUP) or otherwise be in	portant that all irrigation systems used to apply any chemical ter be permitted by the Kansas Department of Agriculture and violation of the Kansas Chemigation Safety Law. Enter below usiness) and the Chemigation User's Permit Number (if known)			
CUP Holder Name:	CUP Permit Number:			
requirements for certification: ✓ Submit the completed application signed and dated.	rator certification. I am aware that I must meet the following ment of Agriculture (minimum 75% correct answers to pass).			
✓ Submit the \$25 examination fee.	, ,			
receipt. Alternatively, you may submit an electronic paymen at https://agriculture.ks.gov/document-services/records-cente				
Recertification requirements are the same as above.	er 31 of the fourth calendar year after the first year of issue.			
Signature:	Date Signed:			

DO NOT WRITE IN THIS BOX (For Kansas Department of Agriculture use only)

Fee	Code	Transaction No.	СН	ACH	МО	CEO Number Issued
\$25	СНЕ					

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