



Pesticide and Fertilizer Program

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

Registered Pest Control Technician Application

Calendar Year _____ New Renewal

Are you an active or former military service member, or spouse of a military service member? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you a Kansas resident? <input type="checkbox"/> Yes <input type="checkbox"/> No; If no, do you plan on establishing residency in Kansas? <input type="checkbox"/> Yes <input type="checkbox"/> No	
First Name, M.I.:	Last Name:
Home Address:	City, State, Zip:
Email:	Phone:
Date of Birth:	Driver's License Number:

Provide information for the licensed pesticide business (employer):

Business License Number:	License Categories:
Business Name:	Business Phone:
Address:	City, State, Zip:

To be completed by applicant: I certify under penalty of perjury that the foregoing is true and correct, and that I have completed the registered pest control technician training requirements as set forth in the Kansas Pesticide Law. I herein, as an employee of the licensed pesticide business named on this application, apply for registration as a Kansas Registered Pest Control Technician.

Applicant Signature:	Date Signed:
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To be completed by employer: I hereby verify under penalty of perjury that the above-named applicant has completed the registered pest control technician training requirements for the subcategories for which this application is made, that records have been completed which verify such training, and that such records shall be maintained for a period of no less than three years. I acknowledge that 40 hours of training must be logged within the first 90 days of employment, and that all training must consist of a minimum of 10 hours of classroom and 30 hours of on-the-job training. **The fee is \$40.00 per applicant, unless the \$15.00 uncertified applicator fee has been previously paid in the calendar year. If so, the fee is \$25.00.**

Date of Employment:	Category(s) Trained In:
Training Started:	Training Completed:
Trainer Signature:	Date Signed:
Printed Name:	Title:

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

Fee	Code	Transaction No.	CH	ACH	MO
	UA				
	RT				