



Kansas Department of Agriculture

Accounts Receivable and Licensing

1320 Research Park Dr.

Manhattan, KS 66502

Phone: 785-564-6700, Fax: 785-564-7490

**COMMERCIAL PESTICIDE
APPLICATOR CERTIFICATION
APPLICATION**

1. Have you **EVER tested** for Commercial Pesticide Applicator Certification in **Kansas** before? YES _____ NO _____

Please provide Kansas Certification Number if you are currently certified or have ever been certified: _____
Categories: _____

2. PERSONAL INFORMATION:

Social Security No.		Birth Date	
Last Name		Telephone	
First Name		Fax	
Address		E-Mail	
City	County	State	Zip

3. CATEGORY/SUBCATEGORY: Please **check the subcategories** for which you are applying for certification:

General (\$45.00)	Category 4	7E - Structural
Category 1	4 - Seed Treatment	7F - Wood Preservation/Wood Products
1A - Agricultural Plant	Category 5	Category 8
1B - Agricultural Animal	5 - Aquatic	8 - Public Health
1C - Wildlife Damage Control	5S - Aquatic Pest Control - Sewer	Category 9
1D - Stump Treatment	Category 6	9A - Noxious Weed
Category 2	6 - Right-of-Way	9B - Regulated
2 - Forest	Category 7	Category 10
Category 3	7A - Wood-Destroying	10 - Demonstration/Research
3A - Ornamental	7B - Stored Products	
3B - Turf	7C - Industrial Weed Control	
3C - Interior Landscape	7D - Health-Related	

4. EXAM FEES: The exam fee is **\$45 per exam** including the general exam. Applicants who fail exams may retest upon paying an additional fee of \$45 per exam. **Reciprocal fees** (see No. 8).

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

Fee	Code	Transaction No	Receipt Date	Check No CC #	Ccert #	Categories	Entry	Cert. by	Eff Date	Exp Date	Initial	Process Date
	PUE									12-31		
	CMC											
	CMR											

PLEASE COMPLETE INFORMATION ON REVERSE SIDE OF THIS FORM

5. EMPLOYER INFORMATION: *Please complete employer information even if you are not working for a pesticide business.* If you plan to use your commercial pesticide applicator certification to apply pesticides for **compensation**, you must work as an employee of a pesticide business licensed to apply pesticides in the categories you are certified in or obtain your own Pesticide Business License. **Provide a Tax ID number for the business** that is making this payment.

Employer Pesticide Business License No.		Tax ID:		Employment Date:		
Employer Name:						
Employer Address:						
Employer City, State, Zip:				Employer Phone:		

6. CERTIFICATION PROBLEMS: Have you had a pesticide certification or license suspended, revoked, or denied in any state during the last five years? If yes, please provide the states, years, and a brief description of the problem. **YES** ____ **NO** ____

7. FELONY CONVICTION INFORMATION: Have you ever been convicted of a felony? If yes, please provide a description. **YES** ____ **NO** ____

8. OTHER STATE CERTIFICATION OR LICENSE INFORMATION: Please indicate any other pesticide certifications or licenses you have had in other states during the past five years:

State	Years	State	Years	State	Years	State	Years

9. CERTIFICATION BY RECIPROcity: Kansas has limited reciprocal agreements with the following states listed below. If you wish to apply for certification, or re-entry of certification by reciprocity in lieu of passing exams please complete this application and **CALL ACCOUNTS RECEIVABLE AND LICENSING IMMEDIATELY** if you have not had contact already to allow adequate time to complete the reciprocal process. (785-564-6688)

Missouri Certification No. _____ -\$75 per category -you must be a resident of MO	Nebraska Certification No. _____ -\$75 per category -you must be a resident of NE	Oklahoma Certification No. _____ -\$75 per category
Indiana Certification No. _____ -\$75 per category	Minnesota Certification No. _____ -\$75 per category - you must be a resident of MN	Texas Certification No. _____ -\$75 per category

10. EFFECTIVE PERIOD: Commercial Pesticide Applicator Certification expires on December 31 of the second calendar year after the year of issue, unless renewed prior to that date. Certification may be renewed for a succeeding three-year period by training, examination or reciprocity and with the receipt by KDA of appropriate fees & application form.

APPLICANT SIGNATURE: I hereby attest the information on this application is true, complete and accurate.	
SIGNATURE: _____	DATE SIGNED: _____