



STATE OF MISSOURI
 DEPARTMENT OF AGRICULTURE
 BUREAU OF PESTICIDE CONTROL
CERTIFIED APPLICATOR AND PESTICIDE DEALER APPLICATION

DATE

ALL QUESTIONS MUST BE ANSWERED. PLEASE TYPE OR PRINT CLEARLY.

NAME	SOCIAL SECURITY NUMBER (LAST FOUR) XXX - XX -
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OTHER NAMES (MAIDEN, ALIASES, ETC.)

DATE OF BIRTH	HEIGHT	WEIGHT	EYE COLOR	HAIR COLOR
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HOME ADDRESS	PHONE
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CITY	COUNTY	STATE	ZIP
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BUSINESS NAME

BUSINESS MAILING ADDRESS	BUSINESS PHONE
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CITY	COUNTY	STATE	ZIP
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BUSINESS LOCATION (STREET OR ROUTE)

CITY	COUNTY	STATE	ZIP
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PLEASE CHECK THE CLASSIFICATION OF LICENSE (CERTIFIED COMMERCIAL APPLICATOR, CERTIFIED NONCOMMERCIAL APPLICATOR, CERTIFIED PUBLIC OPERATOR OR PESTICIDE DEALER) AND THE CATEGORIES IN THE CLASSIFICATION IN WHICH YOU WISH TO BECOME LICENSED. YOUR APPLICATION CANNOT BE PROCESSED WITHOUT THIS INFORMATION.

CLASSIFICATIONS: Commercial Applicator Noncommercial Applicator Public Operator

(1a) Agricultural Plant Pest Control	(7a) General Structural Pest Control
(1b) Agricultural Animal Pest Control	(7b) Termite Pest Control
(2) Forest Pest Control	(7c) Fumigation Pest Control
(3) Ornamental and Turf Pest Control	(8) Public Health Pest Control
(4) Seed Treatment Pest Control	(9) Regulatory Pest Control
(5) Aquatic Pest Control	(10) Demonstration & Research Pest Control
(6) Right-of-Way Pest Control	(11) Wood Products Pest Control

CLASSIFICATION: Pesticide Dealer (No categories involved)

FOR OFFICE USE ONLY

List your employers for the last three years - CURRENT EMPLOYER FIRST a. Company Name b. Address c. Telephone Number Use additional sheets as needed.	IMMEDIATE SUPERVISOR NAME AND TITLE	DATE EMPLOYED				NATURE OF WORK
		FROM		TO		
		MO.	YR.	MO.	YR.	
1. a.						
b.						
c.						
2. a.						
b.						
c.						
3. a.						
b.						
c.						

Answer the following questions by checking yes or no. Explain any yes answers in the space provided. Answering yes to any of these questions does not necessarily disqualify you from obtaining a pesticide license in Missouri. Providing untruthful answers to these questions or untruthful or inaccurate information in any part of the application process is grounds for denial, suspension or revocation of pesticide licenses in Missouri.

- | | | |
|---|---------------------------------|--------------------------------|
| 1. Do you currently hold any type of pesticide license, permit, certification or registration in Missouri or any other state? | YES
<input type="checkbox"/> | NO
<input type="checkbox"/> |
| 2. Have you ever held any type of pesticide license, permit, certification or registration in Missouri or any other state? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you had any type of pesticide license, permit, certification or registration denied, suspended, revoked or modified? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you ever had a civil penalty issued against you as the holder of any type of pesticide license, permit, certification or registration? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are you currently subject to criminal prosecution for or have you ever been found guilty of, entered a plea of guilty or nolo contendere to: | | |
| A. Offenses reasonably related to the qualifications, functions, or duties of any profession regulated under the Missouri Pesticide Use Act? | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Offenses an essential element of which is fraud or dishonesty? | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Offenses involving an act of violence? | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Offenses involving moral turpitude? | <input type="checkbox"/> | <input type="checkbox"/> |

EXPLAIN ANY YES ANSWER; USE ADDITIONAL PAGES IF NECESSARY.

REFERENCES - LIST THREE REFERENCES, NOT RELATIVES OR FORMER EMPLOYERS.

NAME	ADDRESS	TELEPHONE

INCOMPLETE OR UNSIGNED APPLICATIONS WILL NOT BE ACCEPTED.

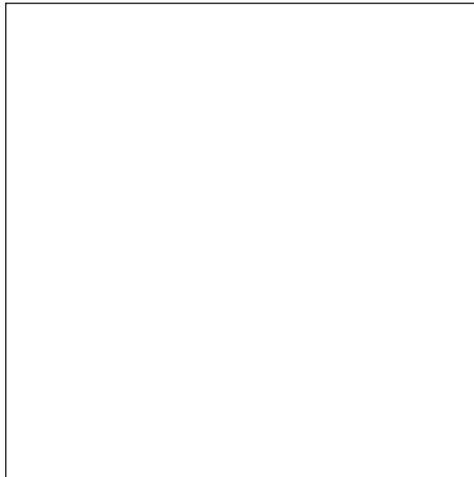
ANY APPLICANT WHO WILLFULLY MAKES A FALSE STATEMENT ON THIS OR ANY DOCUMENT SUBMITTED IN APPLICATION FOR A MISSOURI PESTICIDE LICENSE MAY BE SUBJECT TO THE PROVISIONS OF SECTION 281.101 RSMo.

I HEREBY CERTIFY THAT ALL OF THE INFORMATION IN THIS DOCUMENT IS TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND IS PROVIDED IN GOOD FAITH.

TYPE OR SIGN LEGAL NAME

DATE

IF SUBMITTING BY MAIL, ATTACH RECENT HEAD AND SHOULDER PHOTOGRAPH OR PDF HERE. IF SUBMITTING ONLINE THROUGH MOPLANTS, YOU ARE REQUIRED TO UPLOAD A SEPARATE IMAGE FILE.



Submit application materials to:

PESTICIDE PROGRAM

P.O. BOX 630

JEFFERSON CITY, MO 65102

573-751-5509 or 573-751-5504

Or upload application materials through the MOPlants online submission process at:

<https://apps.mda.mo.gov/moplants/SecurityLogin.aspx>