

Registered Applicator Verifiable Training Form

The Natural Resources and Environmental Protection Act, Act 451, Part 83, as amended, and Regulation 636, as amended, require individuals to be either a certified pesticide applicator or registered applicator to apply a pesticide product in the course of his or her employment or other business activity.

A registered applicator must be 18 years of age or older, pass the general standard exam (core), and complete the Michigan Department of Agriculture and Rural Development (MDARD) approved training program coordinated by an MDARD approved training. The training program must be verifiable and category-specific.

The applicant may complete the training requirement before or after taking the exam. After the applicant has completed training, the approved trainer must complete this form and either have the applicant turn it in with his or her application at the MDARD exam site, or mail it to the Michigan Department of Agriculture and Rural Development, Pesticide and Plant Pest Management Division, P. O. Box 30017, Lansing, Michigan 48909.

The registered applicator's temporary certificate or the registered credential will not be issued until the applicant pays the appropriate application fee, passes the core exam, and submits the completed (signed) training form.

TO BE COMPLETED BY AN APPROVED TRAINER ONLY.

Registered Applicator Information (please print)

Name: Address: Apt. #: City: State: Zip: **Check Categories of Completed Training** □ 1A Field Crops □ 4 Seed Treatment □ 7D Vertebrate Pest Mgmt. □ 1B Vegetable Crops □ 5 Aquatic Pest Mgmt. □ 7E Interior Plant Pest Mgmt. □ 1C Fruit Crops □ 5A Swimming Pools □ 7F Mosquito Mgmt. □ 5C Sewer Line Pest Mgmt. □ 6 Right-of W □ 1D Livestock Pest Mgmt. □ 7G Domestic Animal Pest Mgmt. □ 2 Forest Pest Mgmt. □ 8 Public Health Pest Mgmt. □ 6 Right-of-Way Pest Mgmt. □ 2A Wood Preservation □ 9 Regulatory Pest Mgmt. □ 3A Turfgrass Pest Mgmt. □ 7A General Pest Mgmt. □ 10 Demo & Research Pest Mgmt. □ 3B Ornamental Pest Mgmt. □ 7B Wood Destroying Pest Mgmt. □ Fumigation Trainer Name: Certification #:

Business Name: Phone No.: ()

Trainer Signature: Date: