



West Virginia Department of Agriculture
Pesticide Regulatory Programs
1900 Kanawha Blvd., East
Charleston, WV 25305-0190

For Office Use Only

Batch Number 6696-9552

License Number _____

Registered Technician Application

NOTICE: All Registered Technician cards will be mailed to the company providing training for this application. Within 30 days of termination from this company, the Technician must surrender this card to our office.

Name _____
Birthdate (MM/DD/YYYY) ____/____/____ Social Security Number ____ - ____ - ____
Employed By _____ Company's *LPAB or RPAB # _____
Company Address _____ County _____
City _____ State _____ Zip Code _____
Telephone Number _____ Fax Number _____

Have you been registered as a technician in West Virginia before? ☐ No ☐ Yes # _____

Persons who terminate and then return to registered technician status with the same company must take the registered technician examination.

Initial Registered Technician Training

*You must complete all information below for this application to be acceptable for processing.

RT Program Approval Number _____

RT Program Completion Date: _____

Print Instructor's Full Name _____

Instructor's Signature _____

Instructor's Certification Number _____

Circle the category(ies) for which you have received training.

- | | | |
|--------------------------------------|---|-------------------------------|
| 1 - Agricultural Plant Pest Control | 8A - General Pest Control | 11 - Demonstration & Research |
| 2 - Agricultural Animal Pest Control | 8B - Structural Pest Control | 15 - Sewer Root Control |
| 3 - Forest Pest Control | 8C - General Fumigation | |
| 4 - Ornamental & Turf | 8D - Wood Preservation & Wood Treatment | |
| 5 - Seed Treatment | 8E - Urban IPM | |
| 6 - Aquatic Pest Control | 9 - Public Health | |
| 7 - Right-of-Way/Industrial Weed | 10 - Regulatory | |

I hereby certify that I have completed the Registered Technician Pesticide Training Program as approved by WVDA or passed the Registered Technician Exam.

Signature of applicant: _____

This technician will work under the supervision of our Commercial/Public Applicator listed below:

Applicator (Name): _____ Applicator License #: _____ Email: _____

I hereby affirm by my signature that this applicant has been provided adequate training, in the category(ies) specified above, and has demonstrated competency in the proper use of pesticides.

FEE: A \$20.00 fee and current driver's license copy for applicant must accompany this application; no fee for state or government agencies.

*Licensed Pesticide Application Business
Regulated Pesticide Application Business

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REGISTERED TECHNICIAN EXAMINATION RESULTS

Exam Date: _____ Exam Score: _____

Revised 07/2024