



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

Program Approval Number _____
 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 | 13A - Predator Control |
| 2 - Agricultural Animal Pest Control | 8B - Structural Pest | 13B - Sewer Root Control |
| 3 - Forest Pest Control | 8C - Fumigation | 13C - Hardwood Tree Release |
| 4A - Ornamental & Turf Outdoors | 8D - Wood Treatment | 13D - Mosquito Control |
| 4B - Ornamental Pest Control Indoors | 8E - Urban IPM | 13E - Black Fly Control |
| 5 - Seed Treatment | 9 - Public Health | |
| 6 - Aquatic Pest Control | 10 - Regulatory | |
| 7 - Right-of-Way/Industrial Weed | 11 - Demonstration & Research | |

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 certified applicator listed below:

Certified employee _____ Commercial Applicator's Number _____

Commercial Applicator's 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.

For Office Use Only
 REGISTERED TECHNICIAN EXAMINATION RESULTS
 Exam Date: _____ Exam Score: _____

*Licensed Pesticide Application Business
 Regulated Pesticide Application Business