



PESTICIDE AND PLANT PEST MANAGEMENT DIVISION
 Central Licensing Unit, P.O. Box 30017, Lansing, MI 48909
 Ph: (517) 241-6666 Fax: (517) 373-3333 Email: www.michigan.gov/mdard

NOTARIZED STATEMENT OF EXPERIENCE
(In accordance with the provisions of Act 451, Part 83, Public Acts of 1994 as amended)

NEW LICENSE OR ADDING NEW CATEGORY ONLY

Instructions:

1) The applicator must complete Sections A through E (where applicable) and have his/her signature notarized in Section F.

SECTION A: Company Information

Company Name		Date	
Address		City	State Zip Code
Contact Person		Telephone #	
E-Mail Address		County	
Purpose: <input type="checkbox"/> New License Request - \$100 application fee required <input type="checkbox"/> Additional Category after license renewal - \$100 application fee required <input type="checkbox"/> New Qualifying Applicator <input type="checkbox"/> Review Only			
Categories requested on license application			
Briefly describe the type of applications to be made by the firm:			
<i>To expedite approval, if you are licensed to apply pesticides in another state, please submit a copy of your previous two licenses from that state</i>			

SECTION B: Qualified applicator statement of pesticide application experience:

Applicator Name (Print)	Certification Number:	Expires:
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- I have worked two or more seasons for a commercial applicator (Complete Section D on page 2)
- I have worked one season for a commercial applicator and I have a baccalaureate degree or other degrees from a college or university in a discipline that provides education regarding pests and the control of pests. You must also attach a copy of your transcript and/or other supporting documentation. (Complete Section D & E on page 2)
- I wish to have this application evaluated based under the comparable education/experience clause of Act 451, Section 8313, Section 2(a). (Complete Section C, D, and E as applicable)

SECTION C: Qualified applicator pesticide application experience/education

1.	I have used the following pesticide application equipment:	
2.	I have applied the following pesticides:	

3.	I am a member of the following industry organizations and/or have the following industry certifications:	
4.	I have attended the following educational workshops, classes, etc. (other than a degree program) related to pesticide applications:	
5.	Other application experience: <i>e.g. fertilizer application, etc.</i>	

SECTION D: Qualified pesticide applicator employment history (i.e. positions where duties included applying pesticides and/or self-employment as a pesticide applicator)

Business Name	Street Address City, State, Zip Code	Phone number with area code	Contact Person	Dates employed with the firm or gained experience
General Description of Duties			Categories of Application	
Business Name	Street Address City, State, Zip Code	Phone number with area code	Contact Person	Dates employed with the firm or gained experience
General Description of Duties			Categories of Application	
Business Name	Street Address City, State, Zip Code	Phone number with area code	Contact Person	Dates employed with the firm or gained experience
General Description of Duties			Categories of Application	

SECTION E: College/University Degrees that include pest control elements

You must also submit a copy of the transcript for the degree

Name of College/University	Degree	State	Year

SECTION F: Signature

I hereby affirm that I am the applicator referred to in Sections B through E of this statement of experience and that all statements and enclosures are true and accurate to the best of my knowledge, information, and belief.

MUST BE SIGNED IN PRESENCE OF NOTARY	SIGNATURE OF APPLICATOR →		Date
NOTARY PUBLIC EMBOSSEER SEAL OR BLACK INK RUBBER STAMP	STATE	MY COMMISSION EXPIRES	COUNTY
	SUBSCRIBED AND SWORN BEFORE ME, THIS		USE RUBBER STAMP IN CLEAR AREA BELOW
	DAY OF	YEAR	
	NOTARY PUBLIC SIGNATURE		
NOTARY PUBLIC NAME (TYPE D OR PRINTED)			