

PESTICIDE AND PLANT PEST MANAGEMENT DIVISION Central Licensing Unit, P.O. Box 30776, Lansing, MI 48909 Phone: (517) 284-5771 Fax: (517) 284-0458 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 A NEW CATEGORY

Official Use Only

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

JLU	7. U	onipany	mormation

industry certifications:

		' '					
Company Name and License Number (if applicable):			Date:				
Addre	Address:		City:		State:	Zip Code:	
Conta	Contact Person:			Telephor	ne #:		1
E-Ma	E-Mail Address:			County:			
Purpo	ose:	☐ New License Requ☐ Additional Catego☐ New Qualifying Ap☐ Review Only	ry after license renev	•		quired	AOBJ: 0186
Categ	ories requeste	d <u>for business license</u> :	check the approp	oriate box:	dition of category		Pest Management),
		e type of pesticide applications ou are licensed to apply pesticides in anothe	·		rious two licenses from	n that state	
		ualified applicator state	•	<u> </u>			
Applio Name	cator e: (Print)				rtification mber:		Expires:
□ Iha	ave worked two	or more seasons* for a commerc	cial applicator.** (Co	mplete Sec	tions C, D, and E	as applicable	e)
a di	iscipline that p	e season* for a commercial applic rovides education regarding pests entation. (Complete Sections C,	and the control of pe				
		application evaluated based und Sections C, D, and E as applicable	•	ducation/exp	perience clause o	of Act 451, Se	ection 8313, Section
**Check	k this box only v	'seasons" are approximately March t when your two seasons of experience n your employer (if applicable) opera rience.	was obtained 1) when	n you were a	certified applicate	or in each cate	gory you have requested for
SEC	TION C: Q	ualified applicator pesti	icide applicatio	n exper	ience/educa	ation	
1.	I have used application e	the following pesticide equipment:					
2.	I have applied	ed the following pesticides:					
3.	I am a memi	per of the following industry					

4.	I have attended the following educational workshops, classes, etc. (other than a degree program) related to pesticide applications:	
5.	Other application experience: e.g. fertilizer application, etc.	

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

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: SignatureI 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 EMBOSSER SEAL OR BLACK INK RUBBER STAMP	STATE	MY COMMISSION EXPIRES	COUNTY	
	SUBSCRIBED AND SWORN BEFORE ME, THIS DAY OF YEAR			
			USE RUBBER STAMP IN CLEAR AREA BELOW	
	NOTARY PUBLIC SIGNATURE			
	NOTARY PUBLIC NAME (TYPED OR PRINTED)			

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