



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF AGRICULTURE
AND RURAL DEVELOPMENT

KATHLEEN ANGERER
ACTING DIRECTOR

Requirements and Procedures
for Two-week Training Notification
for Noncertified or Nonregistered Pesticide Applicators
Effective October 1, 2002

Rule 8 (4) of Regulation 636, Pesticide Applicators states: Noncertified or nonregistered applicators may apply general use pesticides as part of an approved training program for a period of 2 consecutive weeks, while under the direct supervision of a certified applicator. The approved trainer shall notify the director when the 2-week pesticide application period begins using a form and procedure approved by the director. Noncertified and nonregistered applicators shall not apply pesticides until the director has received the notification prescribed in this rule. The noncertified or nonregistered applicator shall have in his or her possession a copy of the notification form and display the copy to the director upon request.

REQUIREMENTS

- An approved training program must be on file with the Michigan Department of Agriculture and Rural Development (MDARD).
- Trainers that are signing-off on (verifying) applicator training must be approved by MDARD.
- Noncertified/nonregistered applicators may apply general use pesticides as part of their training program for a period of 2 consecutive weeks while under the direct supervision of a certified applicator. Direct supervision requires the certified applicator to be physically present during pesticide application activities.

PROCEDURES FOR NOTIFYING MDARD

1. Complete the information requested below.
2. Email form to Tammy Martin at martint9@michigan.gov.
3. Make a copy of this notification and instruct the applicator to keep it in his or her possession for presentation upon request of a representative of the MDARD.
4. Keep a copy for your records.

Please Print

Applicator's Name:	Applicator's Address:
Name of Business:	Business Address:
Trainer's Name:	Trainer's Certification Number and Categories:
Beginning Date of Two-week Training:	Trainer's Signature and Date:

<p>ATTENTION: Pesticide Certification Program Manager Date received: _____</p>
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