PESTICIDE AND PLANT PEST MANAGEMENT DIVISION
Central Licensing Unit, P.O. Box 30776, Lansing, MI 48909
Phone: 1-800-292-3939
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)

Official Use Only

New License or Adding a New Category

INSTRUCTIONS: 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 and License Number (if applicable): _____

Date: _____

Address:_____

City: _____ State: _____ Zip Code: _____

Contact Person: _____ Telephone Number: _____

Email Address: _____ County: _____

Purpose: **AOBJ: 0186**

☐ New License Request - $100 application fee required

☐ Additional Category after license renewal - $100 application fee required

☐ New Qualifying Applicator

☐ Review Only

Categories requested **for business license**:

If you are requesting the addition of category 7A (General Pest Management), check the appropriate box:

☐outdoor and indoor services

☐ outdoor services ONLY

Briefly describe the type of pesticide applications to be made by the firm:

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.

Section B: Qualified applicator statement of pesticide application experience:

Applicator Name: (Print) _____

Certification Number: _____ Expires: _____

☐ I have worked two or more seasons* for a commercial applicator.** (Complete Sections C, D, and E as applicable)

☐ 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 Sections C, D, and E)

☐ I wish to have this application evaluated based under the comparable education/experience clause of Act 451, Section 8313, Section 2(a). (Complete Sections C, D, and E as applicable)

*Pesticide application “seasons” are approximately March through October for outdoor applications and the calendar year for indoor applications.

**Check this box only when your two seasons of experience was obtained 1) when you were a certified applicator in each category you have requested for the license AND 2) when your employer (if applicable) operated commercially in each requested category. Your application will be evaluated based on education and/or experience.

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: *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, including City, State, and 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***:

Business Name: _____

Street Address, including City, State, and 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***:

Business Name: _____

Street Address, including City, State, and 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: 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.

<table>
<tr><td>MUST BE SIGNED IN PRESENCE OF NOTARY</td><td colspan="2">SIGNATURE OF APPLICATOR ⟶</td><td>DATE</td></tr>
<tr><td rowspan="4">NOTARY PUBLIC EMBOSSER SEAL OR BLACK INK RUBBER STAMP</td><td>STATE</td><td>MY COMMISSION EXPIRES</td><td>COUNTY</td></tr>
<tr><td colspan="2">SUBSCRIBED AND SWORN BEFORE ME, THIS
DAY OF YEAR</td><td>USE RUBBER STAMP IN CLEAR AREA BELOW</td></tr>
<tr><td colspan="2">NOTARY PUBLIC SIGNATURE</td><td rowspan="2"></td></tr>
<tr><td colspan="2">NOTARY PUBLIC NAME (TYPED OR PRINTED)</td></tr>
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