



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](http://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**



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):

Address:

Contact Person:

E-Mail Address:

City:

Telephone #:

County:

Date:

State:

Zip Code:

- Purpose:  New License Request - \$100 application fee required  
 Additional Category after license renewal - \$100 application fee required  
 New Qualifying Applicator  
 Review Only

**AOBJ: 0186**

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:
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- 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: <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 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	
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: 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 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)			