



## Registered Applicator Verifiable Training Form

The Natural Resources and Environmental Protection Act, Act 451, Part 83, as amended, and Regulation 636, as amended, require individuals to be either a certified pesticide applicator or registered applicator to apply a pesticide product in the course of his or her employment or other business activity.

A registered applicator must be 18 years of age or older, pass the general standard exam (core), and complete the Michigan Department of Agriculture and Rural Development (MDARD) approved training program coordinated by an MDARD approved trainer. The training program must be verifiable and category-specific.

The applicant may complete the training requirement before or after taking the exam. After the applicant has completed training, the approved trainer must complete this form and have the applicant mail it with his or her application to the following address Michigan Department of Agriculture and Rural Development, Pesticide and Plant Pest Management Division, P. O. Box 30776, Lansing, Michigan 48909.

The registered applicator's temporary certificate or the registered credential will not be issued until the applicant pays the appropriate application fee, passes the core exam, and submits the completed (signed) training form.

### TO BE COMPLETED BY AN APPROVED TRAINER ONLY.

#### Registered Applicator Information (please print)

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

#### Check Categories of Completed Training

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> 1A Field Crops           | <input type="checkbox"/> 4 Seed Treatment              | <input type="checkbox"/> 7D Vertebrate Pest Mgmt.      |
| <input type="checkbox"/> 1B Vegetable Crops       | <input type="checkbox"/> 5 Aquatic Pest Mgmt.          | <input type="checkbox"/> 7E Interior Plant Pest Mgmt.  |
| <input type="checkbox"/> 1C Fruit Crops           | <input type="checkbox"/> 5A Swimming Pools             | <input type="checkbox"/> 7F Mosquito Mgmt.             |
| <input type="checkbox"/> 1D Livestock Pest Mgmt.  | <input type="checkbox"/> 5B Microbial Pest Mgmt.       | <input type="checkbox"/> 7G Domestic Animal Pest Mgmt. |
| <input type="checkbox"/> 2 Forest Pest Mgmt.      | <input type="checkbox"/> 5C Sewer Line Pest Mgmt.      | <input type="checkbox"/> 8 Public Health Pest Mgmt.    |
| <input type="checkbox"/> 2A Wood Preservation     | <input type="checkbox"/> 6 Right-of-Way Pest Mgmt.     | <input type="checkbox"/> 9 Regulatory Pest Mgmt.       |
| <input type="checkbox"/> 3A Turfgrass Pest Mgmt.  | <input type="checkbox"/> 7A General Pest Mgmt.         | <input type="checkbox"/> 10 Demo & Research Pest Mgmt. |
| <input type="checkbox"/> 3B Ornamental Pest Mgmt. | <input type="checkbox"/> 7B Wood Destroying Pest Mgmt. | <input type="checkbox"/> Fumigation                    |

Trainer Name: \_\_\_\_\_ Certification #: \_\_\_\_\_

Business Name: \_\_\_\_\_ Phone No.: (\_\_\_\_\_) \_\_\_\_\_

Trainer Signature: \_\_\_\_\_ Date: \_\_\_\_\_