



PRELIMINARY APPLICATION FOR CERTIFICATION
AS A PESTICIDE APPLICATOR
(FORM ES-774) (11/11)

Government of the District of Columbia
Department of the Environment
Toxic Substance Division/Hazardous Materials Branch
Pesticide Program
1200 First Street, N.E., 5th Floor
Washington, D.C. 20002
Ph. (202) 535-2600
Fax. (202) 481-3770

Date _____

TYPE, OR PRINT IN INK

(1) Last Name of Applicant First Name Middle Initial
Home Address of Applicant (P.O. Boxes not accepted)
City State Zip Telephone Number
Date of Birth SSN (last 4 digits) Driver's License No.

(2) TYPE OF APPLICATOR (CHECK ONE):
Commercial
Public (D.C. or U.S. Government employee)

(3) APPLYING BY:
* Examination If applying by Examination, qualifying
by: Experience Education
**Reciprocity
***Reapplication

* DC residents are required to take DC examinations. If qualifying for examinations by experience, complete the attached Experience Verification. If qualifying for examinations by education, submit an official college transcript.

**** You may apply by reciprocity if you are currently licensed and certified in another state. Include a copy of your license with this application. Do not the "Experience Verification" page.**

*****Currently Certified in the District**

(4) I AM CURRENTLY:

Self-Employed _____
Employed by a Pest Control Firm _____
Employed by a Government Agency _____
Other (explain) _____

(5) Have you ever applied for certification in the District of Columbia? YES _____ NO _____

(6) Have you ever held, or do you now hold, a certificate or license as a Certified Pesticide Applicator in any other state? YES _____ NO _____

If yes, in what state(s)? _____

(7) Has any licensing agency denied, suspended, or revoked your Pesticide Applicator certificate or license?

YES _____ NO _____

If yes, explain on a separate sheet.

(8) EXPERIENCE IN PEST CONTROL (CLEARLY INDICATE PART-TIME EXPERIENCE AND EDUCATION WHERE APPLICABLE):

If additional space is needed, attach a separate sheet.

CURRENT EMPLOYER _____
Name

Address City State Zip Code Phone No.

Employed From _____ to Present.
Mo/Yr

Duties: _____

FORMER EMPLOYER _____

Name

Address _____ City _____ State _____ Zip Code _____ Phone No. _____

Employed From _____ to _____.
Mo/Yr Mo/Yr

Duties: _____

(9) CATEGORIES AND SUB-CATEGORIES IN WHICH YOU WANT TO BE CERTIFIED:
(See last page for definitions).

- 3. Ornamental and Turf Pest Control
 - A. Exterior Ornamental Plants _____
 - B. Lawns and Turf _____
 - C. Interior Ornamental Plants _____

- 5. Aquatic Pest Control _____
(See Category 11 for Swimming Pools)

- 6. Right-of-Way Pest Control _____

- 7. Industrial, Institutional, Structural, and Health-Related Pest Control
 - A. General _____
 - B. Wood-Destroying Organisms _____
 - C. Bird _____
 - D. Fumigation _____
 - E. Rodent _____
 - F. Industrial Weed _____

- 8. Public Health Pest Control _____

- 9. Regulatory Pest Control _____

- 10. Demonstration and Research _____

- 11. Miscellaneous Pest Control
 - Swimming Pools _____
 - Aerial Application _____
 - Utility Poles Treatment _____
 - Sewer Line Treatment _____
 - Wood Preservation _____
 - Cooling Towers _____
 - Special Fumigation _____

CERTIFICATION OF APPLICANT

This is to certify that the above information is true and accurate to the best of my knowledge and that I agree to comply with the provisions of the District of Columbia Pesticides Operation Act. I understand that falsification of any information on this application is a violation of the District of Columbia Municipal Regulations Title 20, Sec. 2207.4.

Signature of Applicant

Date

TO BE COMPLETED BY EMPLOYING PEST CONTROL OPERATOR:

I, the undersigned, certify that the person making this application is doing so with the knowledge and consent of his/her employer.

Signature of Owner or Office Manager

Print Name & Phone Number

RETURN THIS APPLICATION TO:

Government of the District of Columbia
Department of the Environment
Toxic Substance Division/Hazardous Materials Branch
Pesticide Program
1200 First Street, N.E., 5th Floor
Washington, D.C. 20002
Ph. (202) 535-2299
Fax. (202) 481-3770

EXPERIENCE VERIFICATION

TO THE APPLICANT:

- 1) If you are applying by **reciprocity**, enclose a copy of your license and do **not** fill out this form.

- 2) If you applying to take the **exam**, the following must be completed by someone who has first-hand knowledge of your experience in pesticide application. This may be a client, supervisor, or colleague. **In order to meet experience requirements, you must have one year full-time experience, or its equivalent.** If you need more than one verification form, xerox this page and its reverse side.

I, the undersigned, verify that _____
Print Applicant's Name

has _____ months of full/part **(circle one)** time experience applying pesticides in the categories I have indicated below (the categories are fully described on the reverse side of this page). **I CERTIFY THAT I MAKE THIS STATEMENT STRICTLY FROM PERSONAL KNOWLEDGE OF THE APPLICANT'S EXPERIENCE. I understand that falsification of any information on this application is a violation of the District of Columbia Municipal Regulations Title 20, Section 1007.4**

	3A _____	3B _____	3C _____
Indicate categories by <u>initialing</u> the appropriate blank.	5 _____	6 _____	7A _____
	7B _____	7C _____	7D _____
	7E _____	7F _____	8 _____
	9 _____	10 _____	11 _____
			Explain

Signature

Date

Print Name

Relationship to Applicant _____
(i.e. Supervisor, Foreman, Coworker, etc.)

TYPES OF CATEGORIES AND SUB-CATEGORIES FOR CERTIFICATION

3. Ornamental and Turf Pest Control
Includes: Commercial applicators using or supervising the use of pesticides to control pests in the maintenance and production of ornamental trees, shrubs, flowers and turf. Contains the following sub-categories.
 - A. Exterior Ornamental Plants
 - B. Lawns and Turf
 - C. Interior Ornamental Plants
5. Aquatic Pest Control
Includes: commercial applicators using or supervising the use of pesticides purposefully applied to standing or running water, excluding applicators engaged in public health-related activities included in Category 8.
6. Right-of-Way Pest Control
Includes: commercial applicators using or supervising the use of pesticides in the maintenance of public roads, electric power lines, pipelines, railway rights-of-way, or similar areas.
7. Industrial, Institutional, Structural, and Health-Related Pest Control
Includes: commercial applicators using or supervising the use of pesticides in, on, or around food-handling establishments, including warehouses and grain elevators and any other structures and adjacent areas, public or private, and for the protection of stored, processed, or manufactured products. Contains the following sub-categories.
 - A. General Pest Control
Preventing, repelling, or controlling insects, fungi, or other pests within or adjacent to structures of any kind or the adjacent grounds or where people may assemble or congregate, not including work otherwise defined below.
 - B. Wood-Destroying Organisms
Preventing, repelling, or controlling termites, powder post beetles, fungi, and/or wood-destroying organisms in or on structures of any kind or pre-treating areas or the surrounding grounds where such structures are to be constructed.
 - C. Bird Control
Includes: Preventing, controlling or mitigating nuisance birds.
 - D. Fumigation
Includes: The use of a fumigant within an enclosed space for the destruction of a pest.
 - E. Rodent Control
Preventing, repelling, or controlling rodents.
 - F. Industrial Weed Control
Preventing, repelling, or controlling weeds on industrial or commercial sites.
8. Public Health Pest Control
Includes: District and Federal government employees using or supervising the use of pesticides in public health programs for the management and control of pests having medical and public health importance.
9. Regulatory Pest Control
Includes: District and Federal government employees using or supervising the use of pesticides for the control of regulated pests.
10. Demonstration and Research Pest Control
Includes:
 1. Individuals who demonstrate to the public the proper use and techniques of application of restricted use pesticides or supervise such demonstration. Included in this group are such persons as extension specialists, commercial representatives, and those demonstrating methods used in public programs.
 2. Persons conducting field research with restricted use pesticides and who, in doing so, use or supervise the use of restricted use pesticides. Included in this group are District, Federal, commercial employees, and other persons conducting field research on or utilizing restricted use pesticides.

11. Miscellaneous Pest Control

Includes: Swimming Pools, Wood Preservation, Aerial Application, Cooling Towers, Special Fumigation, Utility Poles Treatment, TBT Users and Sewer Line Root Control Treatment