



MISSOURI DEPARTMENT OF AGRICULTURE
 DIVISION OF PLANT INDUSTRIES
CERTIFIED APPLICATOR AND PESTICIDE DEALER APPLICATION

BUREAU OF PESTICIDE CONTROL
 PO BOX 630
 JEFFERSON CITY, MO 65102

ALL QUESTIONS MUST BE ANSWERED. PLEASE TYPE OR PRINT CLEARLY.			
NAME		DATE OF BIRTH	SSN (LAST FOUR DIGITS) XXX-XX-
OTHER NAMES (MAIDEN, ALIASES, ETC.)		EMAIL	PHONE
HEIGHT	WEIGHT	EYE COLOR	HAIR COLOR
HOME ADDRESS			
CITY		COUNTY	STATE ZIP CODE
BUSINESS NAME			
BUSINESS MAILING ADDRESS			
CITY		COUNTY	STATE ZIP CODE
BUSINESS LOCATION (STREET OR ROUTE)			BUSINESS PHONE
CITY		COUNTY	STATE ZIP CODE
PLEASE CHECK THE CLASSIFICATION OF LICENSE AND THE CATEGORY(IES) IN THE CLASSIFICATION IN WHICH YOU WISH TO BECOME LICENSED. YOUR APPLICATION CANNOT BE PROCESSED WITHOUT THIS INFORMATION.			
CLASSIFICATIONS:		COMMERCIAL APPLICATOR	NONCOMMERCIAL APPLICATOR
		PUBLIC OPERATOR	PESTICIDE DEALER (NO CATEGORY REQUIRED)
	(1A) AGRICULTURAL PLANT PEST CONTROL		(7A) GENERAL STRUCTURAL PEST CONTROL
	(1B) AGRICULTURAL ANIMAL PEST CONTROL		(7B) TERMITE PEST CONTROL
	(2) FOREST PEST CONTROL		(7C) FUMIGATION PEST CONTROL
	(3) ORNAMENTAL AND TURF PEST CONTROL		(8) PUBLIC HEALTH PEST CONTROL
	(4) SEED TREATMENT PEST CONTROL		(9) REGULATORY PEST CONTROL
	(5) AQUATIC PEST CONTROL		(10) DEMONSTRATION & RESEARCH PEST CONTROL
	(6) RIGHT-OF-WAY PEST CONTROL		(11) WOOD PRODUCTS PEST CONTROL

2/25/2022



LIST YOUR EMPLOYERS FOR THE LAST THREE YEARS BEGINNING WITH YOUR **CURRENT EMPLOYER**.
 USE ADDITIONAL SHEETS AS NEEDED.

1. COMPANY NAME	ADDRESS
TELEPHONE NUMBER	IMMEDIATE SUPERVISOR
DATE EMPLOYED TO: FROM:	NATURE OF WORK
2. COMPANY NAME	ADDRESS
TELEPHONE NUMBER	IMMEDIATE SUPERVISOR
DATE EMPLOYED TO: FROM:	NATURE OF WORK
3. COMPANY NAME	ADDRESS
TELEPHONE NUMBER	IMMEDIATE SUPERVISOR
DATE EMPLOYED TO: FROM:	NATURE OF WORK

ANSWER THE FOLLOWING QUESTIONS BY CHECKING YES OR NO. EXPLAIN ANY YES ANSWERS IN THE SPACE PROVIDED. ANSWERING YES TO ANY OF THESE QUESTIONS DOES NOT NECESSARILY DISQUALIFY YOU FROM OBTAINING A PESTICIDE LICENSE IN MISSOURI. PROVIDING UNTRUTHFUL ANSWERS TO THESE QUESTIONS OR UNTRUTHFUL OR INACCURATE INFORMATION IN ANY PART OF THE APPLICATION PROCESS IS GROUNDS FOR DENIAL, SUSPENSION, OR REVOCATION OF PESTICIDE LICENSES IN MISSOURI.

- | | | |
|---|-----|----|
| 1. DO YOU CURRENTLY HOLD ANY TYPE OF PESTICIDE LICENSE, PERMIT, CERTIFICATION, OR REGISTRATION IN MISSOURI OR ANY OTHER STATE? | YES | NO |
| 2. HAVE YOU EVER HELD ANY TYPE OF PESTICIDE LICENSE, PERMIT, CERTIFICATION, OR REGISTRATION IN MISSOURI OR ANY OTHER STATE? | | |
| 3. HAVE YOU HAD ANY TYPE OF PESTICIDE LICENSE, PERMIT, CERTIFICATION, OR REGISTRATION DENIED, SUSPENDED, REVOKED, OR MODIFIED? | | |
| 4. HAVE YOU EVER HAD A CIVIL PENALTY ISSUED AGAINST YOU AS THE HOLDER OF ANY TYPE OF PESTICIDE LICENSE, PERMIT, CERTIFICATION, OR REGISTRATION? | | |
| 5. ARE YOU CURRENTLY SUBJECT TO CRIMINAL PROSECUTION FOR OR HAVE YOU EVER BEEN FOUND GUILTY OF, ENTERED A PLEA OF GUILTY OR NOLO CONTENDERE TO: | | |
| A. OFFENSES REASONABLY RELATED TO THE QUALIFICATIONS, FUNCTIONS, OR DUTIES OF ANY PROFESSION REGULATED UNDER THE MISSOURI PESTICIDE USE ACT? | | |
| B. OFFENSES AN ESSENTIAL ELEMENT OF WHICH IS FRAUD OR DISHONESTY? | | |
| C. OFFENSES INVOLVING AN ACT OF VIOLENCE? | | |
| D. OFFENSES INVOLVING MORAL TURPITUDE? | | |

EXPLAIN ANY YES ANSWER; USE ADDITIONAL PAGES IF NECESSARY.

REFERENCES – LIST THREE REFERENCES, NOT RELATIVES OR FORMER EMPLOYERS

NAME	ADDRESS	TELEPHONE



INCOMPLETE OR UNSIGNED APPLICATIONS WILL NOT BE ACCEPTED.

ANY APPLICANT WHO WILLFULLY MAKES A FALSE STATEMENT ON THIS OR ANY DOCUMENT SUBMITTED IN APPLICATION FOR A MISSOURI PESTICIDE LICENSE MAY BE SUBJECT TO THE PROVISIONS OF SECTION 281.101 RSMo.

I HEREBY CERTIFY THAT ALL OF THE INFORMATION IN THIS DOCUMENT IS TRUE, COMPLETE, AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND IS PROVIDED IN GOOD FAITH.

SIGN LEGAL NAME

DATE

IF SUBMITTING BY MAIL, ATTACH RECENT HEAD AND SHOULDER PHOTOGRAPH HERE. IF SUBMITTING ONLINE THROUGH MOPLANTS, YOU ARE REQUIRED TO UPLOAD A SEPARATE IMAGE FILE.



SUBMIT APPLICATION MATERIALS TO:
 MISSOURI DEPARTMENT OF AGRICULTURE
 PESTICIDE PROGRAM
 P.O. BOX 630
 JEFFERSON CITY, MO 65102

573-751-5504 OR 573-751-5509

CHECK, MONEY ORDER, OR CASH ACCEPTED
 MAKE PAYABLE TO: MISSOURI DEPARTMENT OF AGRICULTURE

OR UPLOAD APPLICATION MATERIALS THROUGH THE MOPLANTS ONLINE SUBMISSION PROCESS AT:
<https://apps.mda.mo.gov/moplants/SecurityLogin.aspx>

IF SUBMITTING ONLINE, PAYMENT WILL BE MADE BY CREDIT/DEBIT CARD OR E-CHECK

2/25/2022