

Colorado Department of Agriculture
Private Pesticide Applicator Program
305 Interlocken Parkway
Broomfield, CO 80021
303-869-9064

674 PA Fee
694 PA Late

APPLICATION FOR PRIVATE APPLICATOR LICENSE

INSTRUCTIONS: Please type or print legibly in black or blue ink. Complete this form in its entirety. Return this form, a photocopy of your driver's license and a passport ready photo (sent via email taken with a smart phone), the exam answer sheet, and the payment of \$75.00 to the Colorado Department of Agriculture. If any of these parts are missing, your application will be returned or denied.

***LATE FEE:** Applications for renewal postmarked after the expiration date and within 30 days of expiration shall be assessed a penalty fee of 10% (\$7.50). If your application falls in this category, attach payment for license fee of \$82.50.

SIGNATURE REQUIRED

APPLICANT INFORMATION

License no. (if applicable) _____ Date of Birth _____

First Name _____ Middle Initial _____

Last Name _____

Home Address _____

Check here, if new address

City, State, Zip _____

County _____ Phone () _____

Address where official correspondence should be sent if different from address listed above:

Address _____

City, State, Zip _____

NOTE: Pursuant to Section 35-10-115(3) of the Pesticide Applicators' Act – you must submit any changes to the above information to the Department in writing within 15 days of such change.

The term "private applicator" means a certified applicator who uses or supervises the use of restricted use pesticides for the purpose of producing an agricultural commodity on property owned or leased by the applicator or the applicator's employer, or, if applied without compensation other than the trading of personal services between producers of agricultural commodities, on the property of another person.

"Agricultural commodity" means any plant, or part thereof, or animal, or animal product, produced by a person (including farmers, ranchers, vineyardists, plant propagators, Christmas tree growers, aquaculturists, floriculturists, orchardists, foresters, or other comparable persons) primarily for sale, consumption, propagation, or other use by man or animals.

I produce the following agricultural commodity: Produce Livestock Forage Other _____

If you are making **ANY** pesticide application for hire or compensation, or include pesticide applications as a part of a service you provide, you must be licensed as a commercial applicator with the Colorado Department of Agriculture. Please call 303-239-4146 if you have any questions.

APPLICATION CONTINUES ON REVERSE SIDE

Each of the following questions must be answered in full. Attach a separate piece of paper if necessary. Be sure to include the question number for each answer on the separate sheet.

1. Have you filed a previous application for licensure or certification or been licensed as a private applicator in the state of Colorado? NO YES

2. Have you ever applied for licensure or certification or been licensed or certified as a pesticide applicator in any other state(s)? If YES, list date(s) and state name(s) below. NO YES

3. Has any disciplinary action ever been taken regarding any license, certificate, or equivalent involving the application of pesticides, which you now hold or have ever held? If YES, attach explanation including state, tribal or federal agency, date, charge and disposition. NO YES

4. Have you ever been denied a license, permission to apply pesticides or permission to take an examination for licensure in any state, tribal or federal jurisdiction? If YES, attach explanation; include state, tribal or federal agency, date, and reason for denial. NO YES

5. Have you ever voluntarily surrendered a license to apply pesticides? If YES, attach explanation. NO YES

6. Have you ever been convicted of, pled guilty to, pled *nolo contendere*, received a deferred prosecution or a deferred judgment for, any criminal offense related to the application of pesticides or the sale of pest control services in any state, tribal or federal jurisdiction? If YES, attach explanation. NO YES

7. Have you ever entered into any settlement or had judgment entered against you, in any civil lawsuit, related to the application of pesticides or the sale of pest control services? If YES, attach explanation. NO YES

8. I attended a precertification course to obtain this license. If YES, where? NO YES

I, the undersigned, state that the information contained in this application is true and correct to the best of my knowledge. I also understand that under the Pesticide Applicators' Act providing false information is grounds for denial, suspension, or revocation of my license and any other lawful discipline. I hereby acknowledge that I understand and agree to the duties, obligations, and requirements imposed upon a licensed pesticide applicator pursuant to Title 35, Article 10 C.R.S. and the rules and regulations promulgated thereunder.

Signature of Applicant

Date

Printed Name of Applicant

If you are interested in receiving information on various continuing education workshop opportunities, etc., please provide us your e-mail address:

E-MAIL ADDRESS: _____