



Pesticide Control Program
 1700 E Bogard Rd. Suite B103
 Wasilla, Alaska 99654
 907-376-1850

New Applicator # _____

Pesticide Applicator CEU Re-Certification Application

It may take up to 30 days for DEC to process your application & issue re-certification.

APPLICANT INFORMATION

Full Name _____

Mailing Address _____

City, State, Zip _____

Telephone Number _____

E-mail address _____

Current certified applicator number _____

Current certified applicator expiration date _____

Continuing Education Unit (CEU) Information

Fill in the following information about each approved course, conference, class, etc.

Date	Course Title & Organization	Location	# of CEUs
Total			

Pesticide Applicator CEU Re-Certification Application

CERTIFICATION CATEGORY - Check all categories that you are requesting recertification in.

- | | |
|---|---|
| <input type="checkbox"/> 1. Regulatory Pest Control | <input type="checkbox"/> 8. Public Health Pest Control |
| <input type="checkbox"/> 2. Demonstration & Research Pest Control | <input type="checkbox"/> 9. Right-of Way Pest Control |
| <input type="checkbox"/> 3. Private Agricultural Pest | <input type="checkbox"/> 10. Mosquito and Biting Fly Pest Control |
| <input type="checkbox"/> 4. Ornamental and Turf Pest Control | <input type="checkbox"/> 11. Aerial Pest Control |
| <input type="checkbox"/> 5. Antifouling Paint | <input type="checkbox"/> 12. Forest Pest Control |
| <input type="checkbox"/> 6. Aquatic Pest Control | <input type="checkbox"/> 13. Wood Preservatives |
| <input type="checkbox"/> 7. Industrial, Institutional, Structural,
& Health Related Pest Control | <input type="checkbox"/> 14. Restricted-Use Dealer |

PURPOSE FOR CERTIFICATION

- Private agricultural applicator** - category 3 only
- Agency** (list agency) _____
- Commercial** – provide the following information about your **current** employer/company:
- Name of Employer/Company _____
- Mailing Address _____
- City, State, Zip _____
- Telephone Number _____

WEBSITE POSTING

Would you like to be included on DEC's on-line list of certified applicators? Yes No

APPLICANT SIGNATURE

Signature _____

Date _____