**DESIGNATED PERSONAL-USE PESTICDE APPLICATOR REQUEST**

I request that I be certified as a Designated Personal-Use Applicator. As a Designated Personal-Use Applicator, I may only apply pesticides to property that I currently own or lease. I understand that my Pesticide Applicator certification card will specifically state this restriction in writing. I understand that Personal-Use Applicators may not apply fumigants or aquatic pesticides.

If I wish to apply pesticides, whether general use or restricted use, to any properties other than those that I own or lease, I can request that my Designated Personal-Use Applicator status be rescinded. To do so, I must contact the Pesticide Control Program to request the status be rescinded, and submit proof of insurance under 18 AAC 90.620. Once that is completed, the Pesticide Control Program will re-issue my Pesticide Applicator certification card without the written restrictions specified above.

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

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_