## **GEORGIA DEPARTMENT OF AGRICULTURE**

Pesticide Program, 19 M.L.K. Jr. Drive, Room 410, Atlanta, GA 30334

PRIVATE PESTICIDE APPLICATION LICENSE APPLICATION

Date of Application		Date of Birth (must be 16 years of age or older)			Home Telephone Number	
MONTH DAY YEAR MONTH		MONTH DAY	TH DAY YEAR		()	
Nome						
•			(First)		(Middle)	
Mailing Address (If P.O. Box, also give physical addres		ddroee)		City		
State_	Zip Code	County	<u>uui essj</u>	Email Addres	s	
	CERTIFICATION METHOD			CHECK ONE		
	THIS IS MY FIRST APPLICATION FOR GEORGIA			<ul> <li>(1)</li></ul>		
	"RESTRICTED USE" PESTICIDE CERTIFICATION.  I HAVE A PREVIOUS APPLICATION ON FILE WITH THE GEORGIA DEPARTMENT OF AGRICULTURE. THIS					
	REASON(S).	PPLICATION IS BEING FILED FOR THE FOLLOWING EASON(S).		IMPORTANT! Definition of Private Applicator		
	LICENSE CERTIFICATIO	N DATE:		"Private applicator" means any individual who purchases,		
		ATE:	_	uses, or supervises the use of any pesticide classified as restricted use for purposes of producing any		
				agricultural or forestry commodity on property owned or rented		
_	DUPLICATE LICENSE RE	QUEST		by him or his employer or, if applied without compensation other than the trading of personal services between producers of agricultural and forestry commodities, on the property of another person.		
	RETEST					
Georgia be follow	<b>dity</b> . If you obtain this lice Department of Agriculture a wed – the misuse of a pestic	ense, you must keep records	of restricted ment of Agric enalties of \$1	use pesticide appl ulture. Pesticide 000.00 per violatio		
I certif	y that the above info	rmation is true and cor	rect		Applicant's Signature	
web sit	•				uld still receive a GCAPP certificate. Visit the PSEP out GCAPP training. Contact Dr. Mickey Taylor	
1	1 1	DO NOT V	WRITE BE	LOW THIS LI		
purcha: agricult	se and apply restricted usural commodity.	use pesticides, and, to the	best of my	knowledge, inte	n of the computer-based certification program ends to use these products in the production of a	
Authori	zing Signature:	Trai		Title:		
Trainin	ng Date	Trai	ning Location	on		
	Extension Agent ch	eck here if applicant requi	red special	attention in order	to satisfactorily complete training.	
		A	TLANTA	OFFICE		
	711	6	Rev. 5	/15	RETRAINING 🗅	
	711	_	1/64. 3/13		LICENSE NUMBER	