

Colorado Department of Agriculture
Division of Plant Industry
700 Kipling Street, Suite 4000
Lakewood, Colorado 80215-8000
(303) 239-4148

DO NOT WRITE IN THIS SPACE
-637 CO FEE

APPLICATION FOR A RECIPROCAL CERTIFIED OPERATOR

INSTRUCTIONS:

Please type or print legibly in black or blue ink. Complete this form (both front and back) in its entirety.

Please Return: this form, a copy of the front and back of your current out-of-state applicator license, a letter from the issuing state agency confirming that your license is current and in good standing, and the \$150 license fee payable to Colorado Department of Agriculture. If any of these parts are missing your application will be rejected.

APPLICANT INFORMATION

First Name: _____ Middle Initial: __ Last Name: _____

Date of Birth: _____

Home Address: _____

City, State, Zip: _____

County: _____

Phone: _____

Email: _____

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

Address: _____

City, State, Zip: _____

Signature of Applicant

Printed Name of Applicant

Date

PLEASE NOTE

Persons currently employed by a licensed Commercial Pesticide Applicator or a registered Limited Commercial or Public Applicator and wish to act in the capacity of a Certified Operator, must complete the following. We will also need a letter or Form No. DPI-PA-47 (11/94), Notification of Qualified Supervisors, from your employer stating that you will be acting in the capacity of a Qualified Supervisor or Certified Operator for them.

I wish to be linked to the Commercial Pesticide Applicator license of: _____

Signature of Applicant

Date

APPLICATION FOR A RECIPROCAL CERTIFIED OPERATOR cont...

Each of the questions on this page 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 license as a qualified supervisor or certified operator in Colorado? No Yes
2. Have you ever been licensed or certified as a pesticide applicator in any other state(s)? If YES, list state name(s): No Yes

3. Have you ever been notified by any state, territory, district, country, U.S. Government agency or state licensing board of any complaint filed against you relative to any pesticide application? If YES, list locations: No Yes

4. Has any action ever been taken regarding any license, certificate, or equivalent dealing with the application of pesticides, which you now hold or have ever held? Include any actions by the U.S. Military, U.S. Public Health Service, any other U.S. federal governmental entity, any state licensing board, or any local authority. (Actions include, but are not limited to, suspension, revocation, fines, probation, practice limitation, reprimand, letter of admonition, censure, and any allegations currently pending.) If YES, attach explanation including state or government agency, date, charge and disposition. No Yes
5. Have you ever been denied a license, permission to apply pesticides or permission to take an examination for licensure in any state, country, or U.S. federal jurisdiction? If YES, attach explanation, include state or government agency, date and reason for denial. No Yes
6. Have you ever voluntarily surrendered a license to apply pesticides in any state? If YES, attach explanation. No Yes
7. Have you ever received a deferred prosecution or a deferred judgement for, or been convicted of, or pled nolo contendere to, any felony for an offense related to the application of pesticides or the sale of pest control services in any state, territory, district, the U.S., or foreign country? Include any conviction that has been set aside, dismissed, or pardoned under any provision of the law. If YES, attach explanation. No Yes
8. Have you ever entered into any negligence settlement or had any negligence judgement entered against you related to the application of pesticides or the sale of pest control services in a court of law? If YES, attach explanation. No Yes

The undersigned states under penalty of perjury in the second degree, as defined in §18-5-503, C.R.S., 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, revocation, or other lawful discipline. The undersigned hereby acknowledges 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. 1984 (1990 supp), and the rules and regulations promulgated thereunder. I hereby request reciprocal licensure as a certified operator in Colorado.

Signature of Applicant

Date