



COLORADO DEPARTMENT OF AGRICULTURE

Division of Plant Industry

305 Interlocken Parkway, Broomfield, Colorado, 80021
Tel: (303) 869-9050 Fax: (303) 466-2860 www.colorado.gov/ag/dpi

Questions? Call Suzanna Alvarado at 303-869-9066 or send an Email to suzanna.alvarado@state.co.us

NOTIFICATION OF QUALIFIED SUPERVISORS OR CERTIFIED OPERATORS

PLEASE TYPE OR PRINT IN BLACK OR BLUE

Note: A copy of this document must be included with you application! If you have not yet been assigned an ID number write the word New in the ID number space. Future additions and or deletions to your license or registration must be submitted on this business form.

If you add a new qualified supervisor or certified operator, please be advised that this office requires the reverse side of this form is filled out by that individual before they can be listed on your license. BOTH SIDES OF THIS FORM MUST BE COMPLETED BEFORE A BUSINESS LICENSE OR REGISTRATION WILL BE ISSUED OR PRIOR TO AN INDIVIDUAL ATTACHING TO A CURRENT BUSINESS LICENSE OR REGISTRATION.

Business or Registration ID _____ Full Name _____

Please include or add the all qualified supervisors or certified operators below to the registrant list.

Applicator ID _____ Applicator Name _____

Please remove the following non-qualified supervisors or certified operators from the business or registrant list.

Applicator ID _____ Applicator Name _____

Date/Time Field _____ Signature _____



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This side to be completed by the individual applicator

- I wish to have my QS/CO license attached to the following business license or registration.
- I work for a limited commercial or public applicator that does not apply restricted use pesticides.

Business or Registration ID _____ Business or Registration Name _____

Applicator ID _____ Applicator ID _____

Applicator Name Please Print _____ Applicator Name Please Print _____

Applicator Signature _____ Applicator Signature _____

Applicator ID _____ Applicator ID _____

Applicator Name Please Print _____ Applicator Name Please Print _____

Applicator Signature _____ Applicator Signature _____

I wish to have my QS/CO license deleted from the following business license or registration.

Business or Registration ID _____ Business or Registration Name _____

Applicator ID _____ Applicator ID _____

Applicator Name Please Print _____ Applicator Name Please Print _____

Applicator Signature _____ Applicator Signature _____

Applicator ID _____ Applicator ID _____

Applicator Name Please Print _____ Applicator Name Please Print _____

Applicator Signature _____ Applicator Signature _____