



# COLORADO DEPARTMENT OF AGRICULTURE

## Division of Plant Industry

305 Interlocken Pkwy, Broomfield, Colorado 80021  
 (303) 869-9065 [www.colorado.gov/agplants/pesticides](http://www.colorado.gov/agplants/pesticides)

### Pesticide Applicator Program

#### APPLICATION FOR QUALIFIED SUPERVISOR (QS)/CERTIFIED OPERATOR (CO) LICENSE

This application is for a  QS  CO license in the following categories (a complete list of the categories is attached at end of application):



Each applicant for license as a QS or CO shall take and pass a general examination and any examinations required for the category for which the applicant has applied. Do not submit a license application unless you have passed all required examinations.

Complete this form and return it and the completed Citizenship Verification Form along with the \$100 license fee payable to the Colorado Department of Agriculture. If any of these parts are missing, your application may be rejected.

Applicant Information				
First Name	Middle Initial	Last Name	Applicator ID:	Date of Birth
Physical Address	City	State	Zip	County
Mailing Address (if different)	City	State	Zip	
Email	Phone			

Pursuant to Section 35-10-115(3) of the Pesticide Applicators' Act, you must submit any changes to the above information to the Department in writing within 15 days of such change.

Education and/or Experience				
College or University attended:			Dates attended	
College/University Address	City	State	Zip Code	

Major subjects taken

OFFICE USE ONLY- DO NOT WRITE IN THIS SPACE						Fiscal Received stamp
<input type="checkbox"/> 621 QS FEE	<input type="checkbox"/> 639 QS LATE FEE	<input type="checkbox"/> 637 CO FEE	<input type="checkbox"/> 641 CO LATE FEE			
<input type="checkbox"/> Check	<input type="checkbox"/> CC	<input type="checkbox"/> Cash	Amount	Received Date	Sent to Fiscal	

**Employment History**

In the space below, give a COMPLETE statement of your work history dealing with your experience using pesticides (insecticides, fungicides, herbicides etc.) for the past five years. Describe in detail the duties of each job, listing more current experience first. Details should include products used e.g. lorsban, 2, 4-D, target pests for these products and where used. This information must be listed individually. Stating "I worked in all categories" is not acceptable. If more space is needed attach additional sheets of paper as necessary.

WARNING: This employment history becomes a permanent part of your record. Please detail ALL your experience, whether or not you are currently licensing in a related category. Attempts to change or add to this past history will be cause for investigation. The Department will verify this employment history if necessary.

<b>Company Name</b>					<b>Phone</b>
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<b>Company Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>County</b>
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**Dates of Employment**

**From (month & year):** \_\_\_\_\_ **To (month & year):** \_\_\_\_\_

**Full Time**      **Part Time; if part time how many hours per week?** \_\_\_\_\_

<b>Your Title</b>	<b>Supervisor Name</b>
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**Pesticide use experience. A brief list of your pesticide application duties: what, when, where and how you applied pesticides. If you have no experience, put "No Experience."**

**Previous Employer Pesticide Experience**

<b>Company Name</b>					<b>Phone</b>
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<b>Company Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>County</b>
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**Dates of Employment**

**From (month & year):** \_\_\_\_\_ **To (month & year):** \_\_\_\_\_

**Full Time**      **Part Time; if part time how many hours per week?** \_\_\_\_\_

<b>Your Title</b>	<b>Supervisor Name</b>
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**Pesticide use experience. A brief list your pesticide application duties: what, when, where and how you applied pesticides. If you have no experience, put "No Experience."**



**Additional Licensing Questions**

Each of the following questions 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

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1. Have you ever filed an application for licensure or certification, or been licensed or certified, as a private applicator, certified operator, or qualified supervisor in Colorado? Yes  No
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2. Have you ever applied for licensure or certification, or been licensed or certified, as a pesticide applicator by any local, state, tribal, territorial or federal government entity? If YES, list the government entity or entities and date(s). Yes  No
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3. Have you ever been notified by any local, state, tribal, territorial or federal government entity of any complaints filed against you or any alleged violations of any laws or regulations relating to pesticide application? If YES, attach an explanation including the date, government entity, location, complaint or allegation, laws or regulations involved, and disposition. Yes  No
- 
4. Has any disciplinary action ever been taken regarding any license or certificate involving the application of pesticides, which you now hold or have ever held? "Disciplinary action" includes any action by any local, state, tribal, territorial, or federal government entity, including but not limited to suspension, revocation, fines, probation, practice limitation, letter of admonition or censure. If YES, attach an explanation, including the government entity, date, charge, and disposition. Yes  No
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5. Have you ever been denied a license or certificate, permission to apply pesticides, or permission to take an examination for licensure or certification by any local, state, tribal, territorial, or federal government entity? If YES, attach an explanation, including the government entity, date, and reason for denial. Yes  No
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6. Have you ever voluntarily surrendered a license or certificate to apply pesticides issued by any local, state, tribal, territorial, or federal government entity? If YES, attach an explanation. Yes  No
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7. Have you ever been convicted of, pled guilty or nolo contendere to, received a deferred prosecution or deferred judgement for, any felony or criminal offense related to the application of pesticides or the sale of pest control services in any local, state, tribal, territorial, or federal government entity? If YES, attach explanation. Yes  No
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8. Have you ever entered into any settlement or had judgment entered against you related to the application of pesticides or the sale of pest control services in any civil lawsuit? If YES, attach an explanation. Yes  No
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By signing below, I certify that I have reviewed the information in this application and that the information contained within this application is true and accurate. I also certify that I understand that it is unlawful to make any false or misleading representations or statements of fact in an application and that such statements are grounds for disciplinary action.

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

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



# COLORADO DEPARTMENT OF AGRICULTURE

## Division of Plant Industry

305 Interlocken Pkwy, Broomfield, Colorado 80021  
(303) 869-9050 [www.colorado.gov/ag](http://www.colorado.gov/ag)

### Citizenship/Immigration Status Verification

#### Instructions: Why are we asking for your citizenship/immigration status?

All state agencies are required to verify the lawful presence in the United States of all natural persons (individuals and individuals doing business as sole proprietors) who apply for certain public benefits, including the license, permit or registration for which you are applying.

(Colorado Rev1sed Statutes sect1on 24-76 5-103)

Who does this apply to? This requirement applies only to natural persons as described above. It does NOT apply to partnerships, corporations or other business entities that apply for state benefits.

How do I complete this form? If you are applying for a license, permit or registration for yourself, or for a business for which you are the sole proprietor, you must provide the information requested in numbered paragraphs 1 through 4 on this form, sign and date it, and submit it along with your application form for the license you are applying for.

What form of identification do I need to provide with this form? You are required to provide one of the following;

Colorado driver's license number  
Electronic Identification Indicator ("EII")

OR one of the following alternative identification documents:

Driver's license or identification card issued by:

Alabama	District of Columbia	Kansas	Minnesota	New Jersey	Pennsylvania	Virginia
Alaska	Florida	Kentucky	Mississippi	New York	Rhode Island	West
Arizona	Georgia	Louisiana	Missouri	North Carolina	South Carolina	Virginia
Arkansas	Hawaii	Maine	Montana	North Dakota	South Dakota	Wisconsin
California	Idaho	Maryland	Nebraska	Ohio	Tennessee	Wyoming
Connecticut	Indiana	Massachusetts	Nevada	Oklahoma	Texas	
Delaware	Iowa	Michigan	New Hampshire	Oregon	Vermont	

OR a valid:

- Colorado ID card
- Military Dependent's Card
- American tribal identification document;
- U.S. Passport or other citizenship document with photograph
- U.S. Military ID card
- U.S. Coast Guard Merchant Mariner Card Native
- U.S. naturalization certificate with photograph

OR valid immigration documents demonstrating lawful presence:

- Foreign passport with 1-551 stamp or attached Temporary 1-551 visa
- 1-94 with refugee or asylum status
- Permanent Resident card
- Employment Authorization card
- Foreign passport accompanied by an 1-94 indicating expiration date
- Resident Alien card
- Temporary Resident card

If you do not have any of the above forms of identification, you must apply for an EII from the Colorado Division of Motor Vehicles ("DMV") before completing the form. Information on obtaining an EII is available at the DMV website: [www.revenue.state.co.us/main/home.asp](http://www.revenue.state.co.us/main/home.asp).

### Citizenship/immigration Status Verification

1. Print name of individual/sole proprietor: \_\_\_\_\_

2. Business name, if different: \_\_\_\_\_

3. a) Colorado driver's license number: \_\_\_\_\_

or b) Electronic Identification Indicator ("EII"): \_\_\_\_\_

or c) Alternative Identification Document: \_\_\_\_\_

(Describe and attach notarized copy if not applying in person)

4. I swear and affirm under penalty of perjury under the laws of the State of Colorado that the information I have provided on this form is complete and accurate and (check one):

- A)  I am a United States citizen Alien number \_\_\_\_\_ or I-94 number \_\_\_\_\_ And date of birth \_\_\_\_\_
- B)  I am a permanent resident of the United States \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_
- C)  I am lawfully present in the United States pursuant to Federal law \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

IF YOU CHECK B OR C PROVIDE A COPY OF THE CERTIFICATE/CARD THAT DOCUMENTS LAWFUL PRESENCE IN THE U.S.

I understand that this sworn statement is required by law because I have applied for a public benefit that is subject to Colorado Revised Statutes section 24-76.5-103. I understand that this state law requires me to provide proof that I am lawfully present in the United States prior to receipt of this public benefit. I understand that if I am not a United states citizen this law requires the Colorado Department of Agriculture ("CDA") to verify my lawful presence in the United States through the federal Department of Homeland Security ("DHS") Citizenship and Immigration Services ("CIS") Systematic Alien Verification of Entitlement Program. I hereby authorize DHS/CIS to provide CDA with information related to my immigration status. I further acknowledge that making a false, fictitious, or fraudulent statement or representation in this sworn affidavit is punishable under the criminal laws of Colorado as perjury in the second degree under Colorado Revised Statute section 18-8-503 and it shall constitute a separate criminal offense each time a public benefit is fraudulently received.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Citizenship/Immigration Status Verification**  
**THIS SIDE FOR CDA OFFICE USE ONLY**

**If license issued:**

I, \_\_\_\_\_, hereby state that I have personally verified the above information by the following method.

- Visually inspecting the following document (or notarized copy) produced by the applicant:
  - Colorado driver's license
  - Colorado identification card
  - Driver's license or identification card from an approved state (specify): \_\_\_\_\_
  - US military card
  - Military dependent's card
  - U S. Coast Guard Merchant Mariner card
  - Native American tribal identification document (specify): \_\_\_\_\_
  - US naturalization certificate with photograph
  - US passport or other citizenship document with photograph
- One of the following immigration documents verified through SAVE:
  - Foreign passport with 1-551 stamp or attached Temporary 1-551 visa
  - Foreign passport accompanied by an I-94 indicating expiration date
  - I-94 with refugee or asylum status
  - Resident Alien card
  - Permanent Resident card
  - Temporary Resident card
  - Employment Authorization card
- Verifying the Colorado driver's license number with the DMV
- Verifying the applicant's EII with the DMV

**If license application not accepted:**

I, \_\_\_\_\_, hereby state that I was not able to verify the applicant's lawful presence in the United States for the following reason

- The applicant did not provide the required documentation.
- The information on the documentation provided was not complete or accurate (explain)  
\_\_\_\_\_  
\_\_\_\_\_
- Other reason:  
\_\_\_\_\_  
\_\_\_\_\_

CDA Employee Signature \_\_\_\_\_ Date: \_\_\_\_\_

I, \_\_\_\_\_ hereby state that I have:

- a) CONFIRMED the applicant's lawful presence in the United States through the SAVE Program;
- b) NOT CONFIRMED the applicant's lawful presence in the United States through the SAVE Program

CDA Employee Signature \_\_\_\_\_ Date: \_\_\_\_\_