COLORADO DEPARTMENT OF AGRICULTURE

Division of Plant Industry

305 Interlocken Pkwy, Broomfield, Colorado 80021

(303) 869-9065 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

☐ **621 QS FEE** ☐ **639 QS LATE FEE** ☐ **637 CO FEE** ☐ **641 CO LATE FEE**

☐ Check ☐ CC ☐ Cash	Amount	Received Date	Sent to Fiscal	Initials	CR#

Fiscal Received stamp

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.

Company Name				Phone
Company Address	City	State	Zip Code	County

Dates of Employment

From (month & year): To (month& year):

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

Your Title	Supervisor Name

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

Company Name				Phone
Company Address	City	State	Zip Code	County

Dates of Employment

From (month & year): To (month& year):

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

Your Title	Supervisor Name

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."

Certified Operators skip the next section and proceed to the Additional Licensing Questions page

This portion required for Qualified Supervisors only

QUALIFIED SUPERVISOR EXPERIENCE

PESTICIDES APPLIED IN PAST 5 YEARS FOR EACH LICENSING CATEGORY

List specific names of pesticides and weeds, insects, diseases sprayed AND/OR treated
Please list the specific area treated, i.e.: Road Right of Way or Turf or Crop

Category#	Pesticide Product Name	Target Pest Name	Area/Site Treated

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

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 □
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 □
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 □
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 □
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 □
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 □
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 □

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:_____

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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 ("Ell")

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 Ell from the Colorado Division of Motor Vehicles ("DMV") before completing the form. Information on obtaining an Ell is available at the DMV website: www.revenue.state.co.us/mainlhome.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 ("Ell"): _____

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):

		Alien number	or I-94 number	And date of birth
A)	☐ I am a United States citizen			
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 venf1ed 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 stale (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 1-94 indicating expiration date
    - ☐ I-94 with refugee or asylum status
    - ☐ Resident Allen card
    - ☐ Permanent Resident card
    - ☐ Temporary Resident card
    - ☐ Employment Authorization card
- ☐ Verifying the Colorado driver's license number with the DMV
- ☐ Verifying the applicant's Ell with the DMV

If license application not accepted:

I, _____, hereby state that I was not able to verity 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 Un1led States through the SAVE Program

CDA Employee Signature _____ Date:_____