

Colorado Department of Agriculture
Division of Plant Industry
Pesticide Applicator Section
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NOTIFICATION OF QUALIFIED SUPERVISORS OR CERTIFIED OPERATORS

Please print in black or blue ink. .

NOTE: A copy of this document must be included with your application.

If you have not yet been assigned a Business License Number, write the word **NEW** in the Business License Number space. Future additions and/or deletions to your business license or registration must be submitted on this 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 License Number: _____ Business Name: _____

Please INCLUDE/ADD the following qualified supervisors/certified operators to the business or registrant.

APPLICATOR ID #	NAME
_____	_____
_____	_____
_____	_____
_____	_____
Date	Signature of Authorized Representative

Please DELETE the following qualified supervisors/certified operators from the business or registrant.

APPLICATOR ID #	NAME
_____	_____
_____	_____
_____	_____
_____	_____
Date	Signature of Authorized Representative

Continued On Reverse Side

NOTIFICATION OF QUALIFIED SUPERVISORS OR CERTIFIED OPERATORS

THIS SIDE TO BE COMPLETED BY INDIVIDUAL

I WISH TO HAVE MY QS/CO LICENSE ATTACHED TO FOLLOWING BUSINESS LICENSE OR REGISTRATION

I WORK FOR A LIMITED COMMERCIAL/PUBLIC APPLICATOR THAT DOES NOT APPLY RESTRICTED USE PESTICIDES

BUSINESS OR REGISTRATION ID #: _____ BUSINESS OR REGISTRATION NAME: _____

APPLICATOR ID #

NAME

NAME

PRINT

SIGNATURE

I WISH TO HAVE MY QS/CO LICENSE DELETED FROM THE FOLLOWING BUSINESS LICENSE OR REGISTRATION.

Business License ID: _____ Business Name: _____

APPLICATOR ID #

NAME

NAME

PRINT

SIGNATURE

PRINT

SIGNATURE

PRINT

SIGNATURE

PRINT

SIGNATURE