



UTAH DEPARTMENT OF AGRICULTURE AND FOOD
 PESTICIDE PROGRAM
 350 N REDWOOD RD, PO BOX 146500
 SALT LAKE CITY, UT 84114-6500
 801-982-2300 | ag.utah.gov/pesticides | udaf-pesticide@utah.gov

Information in this box to be completed by UDAF;

Transaction number: _____

Amount Paid: _____

Application for Commercial / Non-Commercial Pesticide Applicators for License Recertification

or

Certification by Reciprocation with Another State

*** Private Pesticide Applicators should NOT complete this form ***

HOW TO RENEW IN PERSON: All applicators recertifying by CEU's are to bring a COMPLETED APPLICATION and their CEU's earned to an annual UDAF-USU recertification workshop, Field Office or Compliance Specialist's office for verification and renewal. Payments will be processed online by a UDAF representative at the time of renewal, unless you do it yourself ahead of time. See instructions below.

HOW TO RENEW ONLINE: All applicators recertifying by CEU's are to scan and email a COMPLETED APPLICATION and their CEU's earned to udaf-pesticide@utah.gov. Payment can be made online at ag.utah.gov. Click on Online Services (at the top), then click Online Payments. In the "Pay For" drop down menu select "Exam for Commercial Pesticide Applicator" or "Exam for Non-Commercial Pesticide Applicator", regardless if you are renewing. Complete the Applicator Information and click the Continue button. Complete the credit card or echeck information and submit your payment. Receipt will be emailed to the email noted on the second screen where payment is entered.

This application is to recertify with CEU's*. My Commercial Pesticide Applicators License number is 4001-_____

This application is to recertify with CEU's*. My Non-Commercial Pesticide Applicators License number is 4002-_____

CEU* The information in this box must be completed by a UDAF representative. A total of 24 CEUs are required for recertification without testing.

Pesticide Law CEU _____ + **Pesticide Safety CEU** _____ + **Pesticide Use CEU** _____ = _____
 (minimum 2) (minimum 6) (minimum 10) (must total at least 24)

CEU's must be presented at the time this application is submitted. Only the categories currently existing on a valid license will appear on a renewed license unless additional category exams are completed. New categories may be added by successfully completing the appropriate category examination when paying for recertification. Categories added after recertification incur a \$15.00 per category fee. CEU's obtained before Nov 1st and turned in after Dec 31st will be accepted with a late of \$25 until Mar 1st.

- This completed application is for a **RECIPROCAL** license from another state. Additional items needed are:
- Copy of drivers license AND copy of pesticide license (front and back on both)
 - Pay for pesticide applicator license fee online at ag.utah.gov. See above instructions under "How to Renew Online".
 - Email this application along with photocopies to udaf-pesticide@utah.gov
 - Request Letter of Good Standing from the state the applicator has tested in to be emailed to udaf-pesticide@utah.gov

PLEASE PRINT LEGIBLY!!! * In Utah, 16 years is the minimum age for a license. *

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

Mailing Address: _____

Location Address (If different from mailing): _____

City: _____ State: _____ Zip: _____ County: _____

Cell Phone #: _____ - _____ - _____ Home Phone #: _____ - _____ - _____

A VALID EMAIL IS REQUIRED TO PROCESS YOUR APPLICATION!

Email: _____

NOTE: If applying for a Commercial Pesticide Applicators license you must hold a valid Commercial Pesticide Business License with UDAF or work for a company who does!!!

BUSINESS INFORMATION (REQUIRED FOR 4001 COMMERCIAL PESTICIDE APPLICATOR ONLY) NAME OF BUSINESS: _____

Location of Business: _____

I attest that the above information is correct, that I will adhere to all state and federal pesticide laws, that I will follow all appropriate pesticide label instructions and requirements, and that I am accountable for all pesticide application and handling actions that I perform or supervise.

Signature of Applicant for License

Date

Confirmed by UDAF Representative