



UTAH DEPARTMENT OF AGRICULTURE AND FOOD

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UDAF-Pesticide@utah.gov

Owner Acting as Own Qualifying Party (QP) — Acknowledgment Form

This form is to help you understand your responsibilities as the Qualifying Party and some of the responsibilities of the owner of the company. Read and initial each statement. Complete and sign at the bottom.

I understand that "Qualifying Party" means a certified qualified applicator who has had a valid applicators license for a minimum of 2 years, or has a related A.S. Degree (or greater) accepted by UDAF, who is the owner or employee *acting in a supervisory role over technicians of a pesticide applicator business and who is registered with the department as the individual responsible for ensuring the training, equipping, and supervision of all pesticide applicators who work for the pesticide applicator business.* _____ (Initial)

A person can be a QP at only one business entity at a time. _____ (Initial)

I understand that as long as I am the owner acting as my own QP, I will maintain a valid Utah Commercial Applicators license. _____ (Initial)

The word "pesticides" includes all types of pesticides, including herbicides and insecticides. _____ (Initial)

As the owner/QP, I understand that pesticide application is a regulated industry, subject to state and federal laws, and inspections. I understand that it is my responsibility to read and understand the Utah Pesticide Control Act and the Utah Pesticide Control Rule. _____ (Initial)

Any employee, including myself, must have a UDAF Commercial Applicator's license, with the appropriate categories, to apply any amount of pesticide commercially, even as part of another service. _____ (Initial)

As the owner/QP, I understand that it is my responsibility to train and prepare each licensed applicator working for me to comply fully with the Utah pesticide statutes and rules, and the labels and labeling directions for each pesticide used. I will keep records of all such training. _____ (Initial)

I understand that it is my responsibility to ensure that the company is keeping records of each application made by each applicator. _____ (Initial)

I understand that applicators may renew their licenses by acquiring 24 Continuing Education Units (CEUs) during the time their licenses are valid or by re-taking the USU courses and exams. _____ (Initial)

I must notify UDAF (UDAF-pesticide@utah.gov) within 30 days of changes in employment of applicators or ownership of the company (business licenses are not transferable). _____ (Initial)

I understand that a QP must always be on staff, whether it be myself or someone I hire, and I must notify UDAF of any QP changes within 30 days. New QP's are subject to the same requirements. _____ (Initial)

I, _____ the owner and Qualifying Party of _____ have read and agreed to the statements above. If I need further guidance on pesticide laws, I will contact the pesticide inspector that covers my area (call 801-982-2300, option 2, or email UDAF-pesticide@utah.gov).

Signature

Print Name

Date