Part 1: Owner with Separate Qualifying Party (QP) - Acknowledgment Form*
*Must be accompanied by Part 2: Qualifying Party (QP) - NOT the Owner - Acknowledgment Form

This form is to help you understand your responsibilities as an owner and the responsibilities of the person you hire as your Qualifying Party. 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)

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

As the owner, 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, which are available online. _____ (Initial)

Any employee, including myself, must have a valid 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, I understand that it is my responsibility to ensure that the QP trains and prepares each licensed applicator 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 (UDAFLPesticide@utah.gov) within 30 days of changes in employment of applicators and/or the Qualifying Party. _____ (Initial)

I understand that I must have a Qualifying Party on staff at all time. If my QP separates from the company, I have 30 days to hire a new QP. If a little extra time is needed, I will submit my request to UDAFLPesticide@utah.gov describing why more time is needed and providing a specific time frame for hiring a new QP. I understand that my UDAF Pesticide Business license can be suspended without a timely replacement. _____ (Initial)

I, __________________________ the owner 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 UDAFLPesticide@utah.gov).

______________________________            ________________________________
Signature                 Print Name

______________________________
Date