



UTAH DEPARTMENT OF AGRICULTURE AND FOOD

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UDAF-Pesticide@utah.gov

Part 2: Qualifying Party (QP) - NOT the Owner - Acknowledgment Form*

*Must be accompanied by Part 1: Owner with Separate 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)

As the QP, I understand that I must be an employee of the company. I am not a consultant, contractor, silent partner, etc. I will be training and overseeing all applicators daily within the company. _____ (Initial)

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

As the 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, which are available online. _____ (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 QP, I understand that it is my responsibility to train and prepare 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 (UDAF-pesticide@utah.gov) within 30 days of changes in employment of applicators or myself as the Qualifying Party. _____ (Initial)

I, _____ the Qualifying Party for _____ 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).

I, _____ the owner of _____ designate _____ to act as the Qualifying Party.

Signature

Print Name

Date