



UTAH DEPARTMENT OF AGRICULTURE AND FOOD

4315 South 2700 West, TSOB South Bldg, Floor 2

Taylorsville, UT 84129

Website: ag.utah.gov/pesticides Phone: (801) 982-2300

Email: udaf-pesticide@utah.gov

Qualifying Party Acknowledgment Form

This form is to help you understand your responsibilities as the Qualifying Party (QP), and also some of the responsibilities of the owner of the commercial pesticide business. The QP needs to read and initial each statement, and the QP and Business Owner need to sign at the bottom. If you are the Owner and QP, then initial and sign as both.

____ (Initial) I understand that "Qualifying Party" (QP) means a certified and qualified pesticide applicator who has had a valid pesticide applicator license for a minimum of 2 years, or has a related A.S. Degree (or greater) accepted by UDAF, and who is the owner or employee acting in a supervisory role to other licensed pesticide applicators of a licensed commercial pesticide 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 commercial pesticide business.

____ (Initial) I understand a person can be a QP at only one commercial pesticide business at a time.

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

____ (Initial) I understand 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 valid Utah Commercial Pesticide Applicator License, with the appropriate categories, to apply any amount of pesticide commercially, even as part of an additional 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 pesticide training completed by our pesticide applicator employees.

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

____ (Initial) I understand that pesticide applicators may renew their licenses by either acquiring 24 Continuing Education Units (CEUs) during the time their licenses are valid or by re-taking the Utah Pesticide Applicator Exams.

____ (Initial) I must notify UDAF (udaf-pesticide@utah.gov) within 30 days of changes in employment of any pesticide applicators or myself as the Qualifying Party and/or Owner.

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 the Pesticide Program at udaf-pesticide@utah.gov).

I, _____ the owner of _____ designate _____ to act as the Qualifying Party, and I understand it is my responsibility as the owner to make sure my QP is trained and qualified.

_____ Business Owner Signature _____ Date

_____ Qualifying Party Signature _____ Date

Return this form to the Utah Department of Agriculture and Food by email to udaf-pesticide@utah.gov.