

Interoffice Use Only

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2-9								
Yr. _____									
Ins. _____									

Application for Reciprocal Commercial or Non-Commercial Certified Pesticide Applicator License

(Please refer to instructions on back. You are required to submit all fees and information as specified. Please print clearly.)

(1) Name _____ / _____ / _____
Last First Middle Initial

Driver's License #/State (required) _____ Date of Birth _____ Social Security # (required) _____

Business Name _____ Business Phone Number (____) _____

Business Address _____ Email Address (required) _____
PO Box and/or Street Name

_____ / _____ / _____ / _____
City State Zip Code County

(2) Mailing Address (if different from above) _____ Cell Phone _____
PO Box and/or Street Name

_____ / _____ / _____ / _____
City State Zip Code County

(3) I am seeking certification in the following SC Categories (check all that apply):

- | | | | |
|---|--|---|--|
| <input type="radio"/> 1. Agricultural
<input type="radio"/> a. Plant
<input type="radio"/> b. Animal
<input type="radio"/> c. Stored Grain
<input type="radio"/> d. Soil Fumigation
<input type="radio"/> 2. Forest
<input type="radio"/> 3. Ornamental & Turf
<input type="radio"/> 4. Seed Treatment | <input type="radio"/> 5. Aquatic
<input type="radio"/> 6. Right-of-Way
<input type="radio"/> 7. Industrial, Institutional, Structural, & Health
<input type="radio"/> a. General
<input type="radio"/> b. Fumigation | <input type="radio"/> 8. Public Health
<input type="radio"/> 9. Regulatory
<input type="radio"/> 10. Demonstration & Research
<input type="radio"/> 11. Aerial | <input type="radio"/> 12. Miscellaneous
<input type="radio"/> a. Wood Preservation
<input type="radio"/> b. Anti-Fouling Paint
<input type="radio"/> c. Small Animal Pest Control
<input type="radio"/> d. Sewer Line Pest Control
<input type="radio"/> e. Glyphosate Limited Herbicide Only |
|---|--|---|--|

(4) **NOTE: Most Commercial Applicators in 7A must have or be associated with a Business License. Complete the enclosed Business License application, or if you already have a Business License, please provide your Business License number here B _____.**
For additional information, please contact our main office at 864.646.2150.

(5) **FOR NON-COMMERCIAL APPLICATORS ONLY:** If you are a local, state, or federal government employee, the annual fee and financial responsibility statement is not required. Please provide the agency name where you are employed as a Non-Commercial Applicator in the blank below.

Agency Name: _____

FOR COMMERCIAL APPLICATORS: You may be certified in any or all categories for \$50.00. Each initial application must be accompanied by a completed EVIDENCE OF FINANCIAL RESPONSIBILITY FORM.

Signature of Applicant: _____ Date: ____/____/20____

INSTRUCTIONS

- Item (1) Fill in all information requested. Failure to do so may result in delays in completing your request. Social Security and Driver's License numbers are required by all persons obtaining a license under statutes SC 20-7-949 and 42 USC 666 (a)(13). This information will be used for enforcement of court-ordered child and family support purposes and for agency recordkeeping.**
- (2) This address is where your license will be mailed. Your license will be mailed to this address if it differs from the Business Address.**
- (3) Check only the category or categories for which you have passed the required exams.**
- (4) This applies to Non-Commercial Applicators only.**
- (5) Enclose your check or money order made payable to Clemson University Department of Pesticide Regulation. Do not send cash.**

Don't forget to SIGN the application. Mail your application and payment to

Clemson University Department of Pesticide Regulation

511 Westinghouse Road

Pendleton, SC 29670

ATTN: Reciprocal Licensing

SPECIAL INSTRUCTIONS FOR FIRMS EMPLOYING MORE THAN ONE APPLICATOR

You may certify other employees for \$10.00 per category, up to a maximum of \$50.00 per individual if

- You employ more than one commercial applicator,**
- These employees all work out of the same office, and**
- One individual is certified for the \$50.00 fee.**

A separate application must be submitted for each applicator.

Please mail all applications and appropriate fees in one envelope to the address shown above.

You do not need to send a separate payment for each employee.