



OFFICE USE ONLY	
Activation Date:	_____
Expiration Date:	_____
License Number:	_____

**PESTICIDE APPLICATOR LICENSING
PRIVATE APPLICATOR LICENSE**

PLEASE CHOOSE: **NEW APPLICATION** or **RECERTIFICATION†**
LICENSE NUMBER (IF RECERTIFICATION): _____

LICENSE APPLICANT INFORMATION

NAME: _____
LAST MIDDLE INITIAL FIRST

MAILING ADDRESS: _____
STREET CITY STATE ZIP

PHYSICAL ADDRESS: _____
STREET CITY STATE ZIP

TELEPHONE: (____) _____ - _____ **E-MAIL:** _____ **BIRTHDATE** ____/____/____
(###) ### - #### MONTH DAY YEAR

LICENSE CATEGORIES

CHECK THE CATEGORY(S) FOR WHICH YOU ARE APPLYING. INSTRUCTOR/TRAINER MUST SIGN AND DATE TRAINING/DATE COLUMNS BELOW. SHADED AREA BELOW FOR WDA USE ONLY

X	CODE	LICENSE TITLE	TRAINING (LIST TYPE)	DATE	EXAM/WB	DATE
	1001	GENERAL CERTIFICATION				
	1002	PRODUCT SPECIFIC				
	1003	M-44				
	1004	LIVESTOCK PROTECTION COLLAR				
	1005	CHEMIGATION				

CONSENT STATEMENT

BY SIGNING THIS APPLICATION YOU ARE CERTIFYING UNDER PENALTY OF PERJURY THAT THE ABOVE NAMED APPLICANT IS A RESIDENT OF THE STATE OF WYOMING AND IF YOU ARE NOT A LEGAL RESIDENT OF THE STATE OF WYOMING YOU HAVE SUPPLIED THE WDA WITH A SIGNED POWER OF ATTORNEY FORM (FORM WDA-340A) AS REQUIRED BY § 35-7-360(d). YOU ALSO VERIFY THAT YOU HAVE READ AND UNDERSTAND ALL APPLICABLE WYOMING STANDARDS AND REGULATIONS AND AGREE TO ABIDE BY THE LAWS AND REGULATIONS SET FORTH THEREIN. YOU ALSO UNDERSTAND THAT EACH SECTION OF THE LAWS AND REGULATIONS IS SEPARATELY AND COLLECTIVELY ENFORCEABLE.

SIGNATURE OF APPLICANT _____ DATE _____
 _____ PROCTOR,
 TRAINER, OR WDA OFFICIAL _____ DATE _____

PRIVATE APPLICATOR LICENSES ARE VALID THROUGH APRIL 30TH OF THE FOURTH YEAR OF ISSUE.
 (FOR EXAMPLE: IF YOUR LICENSE IS ISSUED OCTOBER 15, 2012 THE LICENSE WILL EXPIRE APRIL 30, 2017.)

**INCOMPLETE OR ILLEGABLE APPLICATIONS WILL BE RETURNED.
 PLEASE COMPLETE ALL APPLICABLE SECTIONS.
 NO FEE IS TO BE COLLECTED WITH THIS LICENSE APPLICATION.**