

WDA-66A
04/20



Wyoming

DEPARTMENT OF *Agriculture*

| OFFICE USE ONLY | |
|------------------|-------|
| How Paid: | _____ |
| Activation Date: | _____ |
| Expiration Date: | _____ |
| License Number: | _____ |

2219 CAREY AVE | CHEYENNE, WY 82002 | PHONE: 307-777-3502 | FAX: 307-777-6593

PESTICIDE APPLICATOR LICENSING TEMPORARY/SEASONAL APPLICATOR LICENSE

PLEASE CHOOSE (CIRCLE ONE): NEW APPLICATION or RECERTIFICATION
CURRENT LICENSE NUMBER (IF RECERTIFICATION): _____

WHERE WOULD YOU LIKE YOUR LICENSE SENT? (CIRCLE ONE): LICENSE APPLICANT or ESTABLISHMENT

ARE YOU CLAIMING A GOVERNMENT EXEMPTION? (CIRCLE ONE): YES or NO
(IF YES, YOUR LICENSE WILL BE SENT TO THE GOVERNMENT AGENCY WHERE YOU WORK.)

LICENSE APPLICANT INFORMATION

NAME: _____
LAST FIRST MIDDLE INITIAL

MAILING ADDRESS: _____
STREET CITY STATE ZIP

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

SHADED SECTION TO BE COMPLETED BY WYOMING RESIDENTS WITH OUT OF STATE MAILING ADDRESSES ONLY
BY SIGNING THIS SECTION OF THE DOCUMENT, I CERTIFY UNDER PENALTY OF PERJURY, THAT I AM A RESIDENT OF THE STATE OF WYOMING.

PHYSICAL ADDRESS: _____
STREET CITY STATE ZIP

SIGNATURE OF APPLICANT _____ DATE _____

ESTABLISHMENT INFORMATION (i.e., company, government agency, etc.)

NAME: _____
COMPANY NAME

MAILING ADDRESS: _____
STREET CITY STATE ZIP

TELEPHONE: (____) ____ - _____ E-MAIL: _____
(###) ### - ####

CONSENT STATEMENT

BY SIGNING THIS APPLICATION YOU 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 _____

WDA OFFICIAL _____ DATE _____

TEMPORARY SEASONAL APPLICATOR LICENSES ARE VALID THROUGH **JANUARY 31ST, 2021**.
INCOMPLETE APPLICATIONS WILL BE MAILED BACK. PLEASE COMPLETE ALL APPLICABLE SECTIONS.

THERE IS A \$25 FEE ASSOCIATED WITH THIS LICENSE (GOVERNMENT EMPLOYEES EXEMPT).
PLEASE INDICATE BELOW LICENSE CATEGORIES FOR WHICH YOU ARE SEEKING.

COMMERCIAL APPLICATOR LICENSE CATEGORIES

| X | LICENSE TYPE | LICENSE TITLE | DATE |
|---|--------------|---|------|
| | 901A | AGRICULTURE PEST CONTROL – WEED CONTROL | |
| | 901B | AGRICULTURE PEST CONTROL – INSECT CONTROL | |
| | 901C | AGRICULTURE PEST CONTROL – DISEASE CONTROL | |
| | 901D | AGRICULTURE PEST CONTROL – ANIMAL CONTROL | |
| | 901E | AGRICULTURE PEST CONTROL – RODENT CONTROL | |
| | 901F | AGRICULTURE PEST CONTROL – CHEMIGATION | |
| | 902 | FOREST PEST CONTROL | |
| | 903A | ORNAMENTAL PEST CONTROL – WEED CONTROL | |
| | 903B | ORNAMENTAL PEST CONTROL – INSECT CONTROL | |
| | 903C | ORNAMENTAL PEST CONTROL – DISEASE CONTROL | |
| | 903E | ORNAMENTAL PEST CONTROL – RODENT CONTROL | |
| | 904 | SEED TREATMENT | |
| | 905 | AQUATIC PEST CONTROL | |
| | 906 | RIGHT-OF-WAY PEST CONTROL | |
| | 907X | INDUSTRIAL, INSTITUTIONAL, STRUCTURAL PEST CONTROL | |
| | 907G | INDUSTRIAL, INSTITUTIONAL, STRUCTURAL PEST CONTROL - FUMIGATION | |
| | 907H | INDUSTRIAL, INSTITUTIONAL, STRUCTURAL PEST CONTROL – BIRD CONTROL | |
| | 908 | PUBLIC HEALTH PEST CONTROL (GOVT EMPLOYEES ONLY) | |
| | 909X | REGULATORY PEST CONTROL (GOVT EMPLOYEES ONLY) | |
| | 909E | REGULATORY PEST CONTROL (GOVT EMPLOYEES ONLY) – RODENT CONTROL | |
| | 909H | REGULATORY PEST CONTROL (GOVT EMPLOYEES ONLY) – BIRD CONTROL | |
| | 909I | REG PEST CONTROL (GOVT EMPLOYEES ONLY) – VERTEBRATE PEST CONTROL | |
| | 909J | REGULATORY PEST CONTROL (GOVT EMPLOYEES ONLY) – M-44* | |
| | 909K | REG PEST CONTROL (GOVT EMP ONLY) – LIVESTOCK PROTECTION COLLAR* | |
| | 910 | DEMONSTRATION AND RESEARCH | |
| | 911L | SPECIFIC USE PEST CONTROL – WOOD TREATMENT | |
| | 911M | SPECIFIC USE PEST CONTROL – NON-GOVT M-44* | |
| | 911N | SPECIFIC USE PEST CONTROL – NON-GOVT LIVESTOCK PROTECTION COLLAR* | |
| | 911O | SPECIFIC USE PEST CONTROL – MOSQUITO CONTROL | |
| | 911P | SPECIFIC USE PEST CONTROL – SEWER ROOT CONTROL | |
| | 912 | AERIAL APPLICATION | |

GRAY SHADED CATEGORIES ARE OPEN TO GOVERNMENT EMPLOYEES ONLY

* ALL TEMPORARY/SEASONAL CATEGORIES ARE SUBJECT TO VERIFICATION OF TRAINING PROVIDED BY EMPLOYER

**TEMPORARY/SEASONAL APPLICATOR LICENSE
VERIFICATION OF TRAINING**

TRAINER/TRAINEE INFORMATION

COMPANY NAME : _____ DATE OF TRAINING: ____/____/____
MONTH DAY YEAR

COMPANY ADDRESS: _____
STREET CITY STATE ZIP

COMPANY PHONE: _____ COMPANY EMAIL: _____
(###) ###-####

TRAINER NAME(S): _____ TRAINEE NAME: _____

AGENDA

NOTE SEPARATE AGENDA DOCUMENT MAY BE ATTACHED INSTEAD OF USING PROVIDED FORM

DATE/ TIME/ MATERIAL COVERED

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|----------------------|----------------|
| TRAINER(S) SIGNATURE | DATE COMPLETED |
| TRAINEE SIGNATURE | DATE COMPLETED |