

MARYLAND DEPARTMENT OF AGRICULTURE  
 OFFICE OF PLANT INDUSTRIES AND PEST MANAGEMENT  
 PESTICIDE REGULATION SECTION

50 Harry S. Truman Parkway  
 Annapolis, Maryland 21401  
 Telephone: 410/841-5710  
 FAX: 410/841-2765



APPLICATION FOR **CHANGE IN STATUS**  
 AS A CERTIFIED PESTICIDE  
 APPLICATOR UNDER THE MARYLAND  
 PESTICIDE APPLICATORS LAW

I hereby request that my commercial pesticide  
 (or public agency) applicator certificate be  
 revised to reflect the changes I have  
 indicated below.

**(Please Print or Type)**

1. Check one or more of the following:

- Change in employment (provide color photo for new I.D. Card)
- Reinstatement
- Transfer from public agency to commercial pesticide business
- Transfer from commercial pesticide business to public agency
- Starting own business
- Change in business or agency address
- Change in business name
- Return old certificate and I.D. card
- Change to Non-Affiliated Certificate (Red Stamp)
- Change in home address
- Other: **Explain** \_\_\_\_\_

2. Complete the following information as it is to appear on your new certificate.

Name	Certificate No.	Category(ies)	Social Security Number
New Business License/Agency No.	Bus./Agency Telephone No.	Email Address	
New Business/Agency Name	Street		
City	State	Zip Code	County

FOR DEPARTMENTAL USE	
Date Appl. Received	_____
Date Fees Received	_____
Date Appl. Approved	_____
Fee For:	
License	_____ Certificate _____
Extra Category	_____
Check No.	_____
Acct. No.	_____ Ref. No. _____
License No.	_____
Certificate No.	_____
Control No.	_____
Categories	_____
Classification	_____
Date Mailed	_____

3. Effective date of change: \_\_\_\_\_

4. Name and telephone number of immediate supervisor:

\_\_\_\_\_  
Name Telephone No.

5. Give former employer's name, address and telephone number:

\_\_\_\_\_  
Name Street County

\_\_\_\_\_  
City State Zip Code Telephone No.

6. Previous home address:

\_\_\_\_\_  
Street City

\_\_\_\_\_  
State Zip Code County

7. List your current home address:

\_\_\_\_\_  
Street City

\_\_\_\_\_  
State Zip Code County Telephone No.

8. You must attend a recertification training session each year between July 1 and June 30. List the name, date and location of training session you attended during the last license year.

\_\_\_\_\_  
I certify that the above information is true and accurate to the best of my knowledge.

\_\_\_\_\_  
Signature of Applicant Date