

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



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 Annapolis, Maryland 21401  
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**FOR DEPARTMENTAL USE ONLY**

Date Received \_\_\_\_\_

Date Processed \_\_\_\_\_

**TERMINATION OF REGISTERED EMPLOYEE AND / OR CERTIFIED APPLICATOR**

**PLEASE TYPE OR PRINT LEGIBLY:**

**Business / Public Agency Name:** \_\_\_\_\_

**Street:** \_\_\_\_\_

**City / State / Zip Code:** \_\_\_\_\_

**Business License / Agency Permit No.:** \_\_\_\_\_ **Telephone No.:** \_\_\_\_\_

EMPLOYEE NAME	EMPLOYEE SOCIAL SECURITY NO.	INDICATE IF REGISTERED or PROVIDE CERT. NO.	DATE OF TERMINATION	INDICATE IF ID CARD IS RETURNED
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

**Name Of Authorized Individual:** \_\_\_\_\_

Name - **Please Print**

**Signature of Authorized Individual:** \_\_\_\_\_

Please Sign

**Date:** \_\_\_\_\_