Kansas Department of Agriculture
Accounts Receivable and Licensing
1320 Research Park Dr.
Manhattan, KS 66502
785-564-6700
KDA.ARandLicensing@KS.GOV

APPLICATION FOR
CHEMIGATION EQUIPMENT OPERATOR CERTIFICATION

NAME *(Print or Type)*: _____
(Last) (First) (Middle Initial)

ADDRESS: _____
(Street or R.R. and Box No.)

CITY: _____ STATE: _____ ZIP: _____

SOC. SEC. NO.: _____ COUNTY (Abbreviation): _____

LAND PHONE	CELL PHONE	FAX NUMBER	E-MAIL ADDRESS

IT IS IMPORTANT that all irrigation systems used to apply any chemical (pesticide or fertilizer) or for blending effluent with fresh water be permitted by the Kansas Department of Agriculture and issued a Chemigation User's Permit (CUP) or be in violation of the Kansas Chemigation Safety Law. Enter below the name of the Chemigation User Permit holder (person or business) and the Chemigation User's Permit Number (if known) under which you will be working.

CUP HOLDER NAME_____ CUP PERMIT NO. _____

I hereby apply for a five-year Chemigation Equipment Operator certification. I am aware that I must meet the following requirements for certification:

- ✓Submit the completed application, signed and dated.
- ✓Pass the examination supplied by the Kansas Department of Agriculture (Min. 75% correct answers to pass.)
- ✓**Pay the $25 examination fee**.

  Make check or Money Order payable to: Kansas Department of Agriculture. Sending currency through the mail is discouraged. Your canceled check will serve as your receipt.

? You must report any change in mailing address by the 10th day of the month following the month during which the change occurred either by phone, fax or e-mail to the Records Center (K.A.R. 4-13-60(a)).

NOTE: Certification period is for five years, expiring December 31 of the fourth calendar year after the year of issue. Recertification requirements are the same as above.

SIGNATURE _____ DATE _____

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DO NOT WRITE BELOW THIS LINE (***FOR OFFICE USE ONLY)***

KDA TR # _____
Date Rec'd _____
Check No. _____
Amt. Rec'd **$25.00** (CHE)

CEO Number Issued