



**Pesticide and Fertilizer Program**

1320 Research Park Dr.  
 Manhattan, KS 66502  
 785-564-6688  
[KDA.PestFert@ks.gov](mailto:KDA.PestFert@ks.gov)

# COMMERCIAL PESTICIDE APPLICATOR CERTIFICATION APPLICATION

1. Have you **EVER tested** for Commercial Pesticide Applicator Certification in **Kansas** before? YES \_\_\_\_\_ NO \_\_\_\_\_

Please provide Kansas Certification Number if you are currently certified or have ever been certified: \_\_\_\_\_  
 Categories: \_\_\_\_\_

**2. PERSONAL INFORMATION:**

Drivers Lic. #				Birth Date			
Last Name				Phone			
First Name, MI				E-Mail			
Address				Mailing Address			
City		County		State		Zip	

**3. CATEGORY/SUBCATEGORY:** Please **check the subcategories** for which you are applying for certification:

General (\$45.00)	<b>Category 4</b>		7E - Structural
<b>Category 1</b>	4 - Seed Treatment	7F - Wood Preservation/Wood Products	
1A - Agricultural Plant	<b>Category 5</b>		<b>Category 8</b>
1B - Agricultural Animal	5 - Aquatic	8 - Public Health	
1C - Wildlife Damage Control	5S - Aquatic Pest Control - Sewer	<b>Category 9</b>	
1D - Stump Treatment	<b>Category 6</b>		9A - Noxious Weed
<b>Category 2</b>	6 - Right-of-Way	9B - Regulated	
2 - Forest	<b>Category 7</b>		<b>Category 10</b>
<b>Category 3</b>	7A - Wood-Destroying	10 - Demonstration/Research	
3A - Ornamental	7B - Stored Products		
3B - Turf	7C - Industrial Weed Control		
3C - Interior Landscape	7D - Health-Related		

4. **EXAM FEES:** The exam fee is **\$45 per exam** including the general exam. Applicants who fail exams may retest upon paying an additional fee of \$45 per exam. **Reciprocal fees** (see No. 8).

**PLEASE DO NOT WRITE IN THIS BOX (For Kansas Department of Agriculture use only)**

Fee	Code	Transaction No.	CK	CC-ACH	MO	
	PUE CMC CMR					

**PLEASE COMPLETE INFORMATION ON REVERSE SIDE OF THIS FORM**

**5. EMPLOYER INFORMATION:** *Please complete employer information even if you are not working for a pesticide business.* If you plan to use your commercial pesticide applicator certification to apply pesticides for **compensation**, you must work as an employee of a pesticide business licensed to apply pesticides in the categories you are certified in or obtain your own Pesticide Business License. **Provide a Tax ID number for the business** that is making this payment.

Employer Pesticide Business License No.		Tax ID:		Employment Date:	
Employer Name					
Employer Address					
Employer City, State and Zip				Employer Phone:	

**6. CERTIFICATION PROBLEMS:** Have you had a pesticide certification or license suspended, revoked, or denied in any state during the last five years? If yes, please provide the states, years, and a brief description of the problem. **YES** \_\_\_ **NO** \_\_\_

---



---

**7. FELONY CONVICTION INFORMATION:** Have you ever been convicted of a felony? If yes, please provide a description. **YES** \_\_\_ **NO** \_\_\_

---



---

**8. OTHER STATE CERTIFICATION OR LICENSE INFORMATION:** Please indicate any other pesticide certifications or licenses you have had in other states during the past five years:

State	Years		State	Years		State	Years		State	Years

**9. CERTIFICATION BY RECIPROcity:** Kansas has limited reciprocal agreements with the following states listed below. If you wish to apply for certification, or re-entry of certification by reciprocity in lieu of passing exams please complete this application.

<b>Missouri</b> Certification No. _____ -\$75 per category -you must be a resident of MO	<b>Nebraska</b> Certification No. _____ -\$75 per category -you must be a resident of NE	<b>Oklahoma</b> Certification No. _____ -\$75 per category
<b>Indiana</b> Certification No. _____ -\$75 per category	<b>Minnesota</b> Certification No. _____ -\$75 per category - you must be a resident of MN	<b>Texas</b> Certification No. _____ -\$75 per category

**10. EFFECTIVE PERIOD:** Commercial Pesticide Applicator Certification expires on December 31 of the second calendar year after the year of issue, unless renewed prior to that date. Certification may be renewed for a succeeding three-year period by training, examination or reciprocity and with the receipt by KDA of appropriate fees & application form.

<b>APPLICANT SIGNATURE:</b> I hereby attest the information on this application is true, complete and accurate.	
SIGNATURE: _____	DATE SIGNED: _____