



Kansas Department of Agriculture

1320 Research Park Dr.

Manhattan, KS 66502

785-564-6688

KDA.PestFert@KS.GOV

PEST CONTROL TECHNICIAN REGISTRATION APPLICATION

1. TECHNICIAN PERSONAL INFORMATION:

DRIVER'S LICENSE NUMBER _____

Date of Birth _____

Date of Employment _____ Phone _____

Last Name _____ First Name _____ Middle Initial _____

Address _____

City _____ County _____ State _____ ZIP _____

2. LICENSED PESTICIDE BUSINESS (EMPLOYER) INFORMATION

Pesticide Business License No. _____ License Categories _____

Business /Employer Name: _____

Employer Address _____

City _____ County _____ State _____ ZIP _____

Business Phone: _____ Business FAX: _____

3. CATEGORY INFORMATION: Check the subcategories of Pest Control Technician Registration applying for:

- | | | |
|--------------------------------------|---|----------------------------------|
| 3A – Ornamental Pest Control | 1 ST TIME <input type="checkbox"/> | RENEWAL <input type="checkbox"/> |
| 3B – Turf Pest Control | 1 ST TIME <input type="checkbox"/> | RENEWAL <input type="checkbox"/> |
| 3C – Interior Landscape Pest Control | 1 ST TIME <input type="checkbox"/> | RENEWAL <input type="checkbox"/> |
| 7A – Wood Destroying Pest Control | 1 ST TIME <input type="checkbox"/> | RENEWAL <input type="checkbox"/> |
| 7E – Structural Pest Control | 1 ST TIME <input type="checkbox"/> | RENEWAL <input type="checkbox"/> |

4. APPLICANT STATEMENT: I certify under penalty of perjury that the foregoing is true and correct and that I have completed the pest control technician registration training requirements as set forth in the Kansas Pesticide Law and I herein apply for Kansas Pest Control Technician registration as an employee of the licensed pesticide business named on this application.

Applicant Signature: _____ Date Signed _____

5. TRAINING VERIFICATION: (To Be Completed by Employer) I hereby verify under penalty of perjury that the above named applicant has completed pest control technician training requirements for the subcategories for which this application is made, that records have been completed which verify such training, and that such records shall be maintained for a period of not less than three years.

Start Date of Training: _____ Completion Date of Training _____ **all training must consist of a minimum of 10 hours of classroom and 30 hours of on-the-job training. THE 40 HOURS MUST BE LOGGED AFTER THE DATE OF EMPLOYMENT.**

Trainer Signature: _____ Date Signed _____

Type or Print Name of signer: _____ Title: _____

6. REGISTRATION FEES: \$40.00 IF UNCERTIFIED APPLICATOR FEE HAS NOT BEEN PREVIOUSLY SUBMITTED FOR THIS EMPLOYEE FOR THIS LICENSE YEAR. \$25.00 IF UNCERTIFIED APPLICATOR FEE HAS BEEN PREVIOUSLY SUBMITTED FOR THIS EMPLOYEE FOR THIS LICENSE YEAR.

7. SUBMIT COMPLETED FORM AND REGISTRATION FEES TO: KANSAS DEPARTMENT OF AGRICULTURE

Pesticide and Fertilizer

1320 Research Park Dr Manhattan, KS 66502

or email KDA.PestFert@KS.GOV

THIS SECTION FOR KANSAS DEPARTMENT OF AGRICULTURE USE ONLY

KPL-700(Rev 01/19)

FEE	CODE	TRANSACTION #	CREDIT CARD APP #	CHECK #
	UA			
	RT			