

## APPLICATION FOR CHEMIGATION EQUIPMENT OPERATOR CERTIFICATION

NAME (Print or Type):	(Last)	(First)	(Midd	le Initial )		
ADDRESS:(Street or R.R.	and Box No.)					
CITY:		STATE:	ZIP:			
SOC. SEC. NO.:		COUNTY (Abbreviation):				
LAND PHONE	CELL P	HONE	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:

 $\checkmark$  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  $10^{th}$  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\_\_\_\_\_

## 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