

GEORGIA DEPARTMENT OF AGRICULTURE
Pesticide Program | 244 Washington St. SW, Atlanta, GA 30334
(404) 656-4958 | AgPest@agr.georgia.gov

PRIVATE PESTICIDE APPLICATOR LICENSE APPLICATION

Date of Application ____-____-____ MONTH DAY YEAR	Date of Birth (must be 16 years of age or older) ____-____-____ MONTH DAY YEAR	Home Telephone Number (____)-____-____
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Name _____
(Last) (First) (Middle)

Mailing Address _____ City _____
(If P.O. Box, also give physical address)

State _____ Zip Code _____ County _____ Email Address _____

<p style="text-align: center;">CERTIFICATION METHOD</p> <p><input type="checkbox"/> THIS IS MY FIRST APPLICATION FOR GEORGIA "RESTRICTED USE" PESTICIDE CERTIFICATION.</p> <p><input type="checkbox"/> I HAVE A PREVIOUS APPLICATION ON FILE WITH THE GEORGIA DEPARTMENT OF AGRICULTURE. THIS APPLICATION IS BEING FILED FOR THE FOLLOWING REASON(S). _____</p> <p>LICENSE CERTIFICATION DATE: _____</p> <p>LICENSE EXPIRATION DATE: _____</p>	<p style="text-align: center;">IMPORTANT! Definition of Private Applicator</p> <p>"Private applicator" means any individual who purchases, uses, or supervises the use of any pesticide classified as restricted use for purposes of producing any agricultural or forestry commodity on property owned or rented by him or his employer or, if applied without compensation other than the trading of personal services between producers of agricultural and forestry commodities, on the property of another person.</p>
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In order to obtain a private pesticide applicator's license in Georgia, **you must be engaged in the production of an agricultural or forestry commodity**. If you obtain this license, you must keep records of restricted use pesticide applications, and are therefore subject to inspections by the Georgia Department of Agriculture and the United States Department of Agriculture. Pesticide labels and all pertinent laws, rules, and regulations must be followed – the misuse of a pesticide in Georgia may result in penalties of \$1000.00 per violation.

Will you use this license while engaged in the production of an agricultural commodity? ☐ Yes ☐ No

I certify that the above information is true and correct:

Applicant's Signature	Date
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DO NOT WRITE BELOW THIS LINE

(For ANR Agent or County Extension Staff to complete)

I hereby certify that the applicant returned a verification form showing completion of the computer-based certification program to purchase and apply restricted use pesticides, and, to the best of my knowledge, intends to use these products in the production of an agricultural commodity.

Authorizing Signature: _____ Title: _____

Print Name: _____ Date: _____