



## EMPLOYEE REGISTRATION AND I.D. CARD REQUEST

*\*Please print or type*

### Business Name and Address:

Name \_\_\_\_\_ Business License Number \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone Number \_\_\_\_\_

***All employees handling pesticides must be registered with the Department of Agriculture. An employee is considered "handling" pesticides if they are involved in mixing, loading, applying or disposing of pesticides.***

***Training completion of Delaware's Registered Service Employee Safety Training DVD, Maryland's Using Pesticides Safely DVD Set or a pre-approved company training program must be completed and verification sheet presented with this Employee Registration or when applying for a Pesticide Business License application or within 45 days of hire, for new employees. Application for Registered Service Employees will not be processed without approved verification.***

Employee Name: \_\_\_\_\_  
Employee Social Security Number: \_\_\_\_\_ Date of Employment: \_\_\_\_\_  
Certified Applicator:  Yes  No If yes, certification number: \_\_\_\_\_  
Signature of Employee: \_\_\_\_\_

Employee Name: \_\_\_\_\_  
Employee Social Security Number: \_\_\_\_\_ Date of Employment: \_\_\_\_\_  
Certified Applicator:  Yes  No If yes, certification number: \_\_\_\_\_  
Signature of Employee: \_\_\_\_\_

Employee Name: \_\_\_\_\_  
Employee Social Security Number: \_\_\_\_\_ Date of Employment: \_\_\_\_\_  
Certified Applicator:  Yes  No If yes, certification number: \_\_\_\_\_  
Signature of Employee: \_\_\_\_\_

Employee Name: \_\_\_\_\_  
Employee Social Security Number: \_\_\_\_\_ Date of Employment: \_\_\_\_\_  
Certified Applicator:  Yes  No If yes, certification number: \_\_\_\_\_  
Signature of Employee: \_\_\_\_\_

Employee Name: \_\_\_\_\_  
 Employee Social Security Number: \_\_\_\_\_ Date of Employment: \_\_\_\_\_  
 Certified Applicator:  Yes  No If yes, certification number: \_\_\_\_\_  
 Signature of Employee: \_\_\_\_\_

Employee Name: \_\_\_\_\_  
 Employee Social Security Number: \_\_\_\_\_ Date of Employment: \_\_\_\_\_  
 Certified Applicator:  Yes  No If yes, certification number: \_\_\_\_\_  
 Signature of Employee: \_\_\_\_\_

Employee Name: \_\_\_\_\_  
 Employee Social Security Number: \_\_\_\_\_ Date of Employment: \_\_\_\_\_  
 Certified Applicator:  Yes  No If yes, certification number: \_\_\_\_\_  
 Signature of Employee: \_\_\_\_\_

Form of training completed: Delaware DVD  Maryland DVD  Pre-Approved Company  **CHECK ONE**

I hereby verify that the above individuals have been trained according to Section 4.02 of the Delaware Pesticide Rules and Regulations, revised June 15, 2000.

\*Payment enclosed \_\_\_\_\_ ID Card @ \$25.00 each \_\_\_\_\_  
Number Total

\_\_\_\_\_  
 Signature of Licensee  
 Application must be signed by licensee.

<p><b><u>CHECK/MONEY ORDER –</u></b>  <b>FEE \$25.00 PER PERSON</b></p>	<p><i>NEW!!!</i></p>	<p><b><u>CREDIT CARD</u></b>  <b>FEE \$25.00 PER PERSON</b></p>
<p>Make Check or Money Order        Payable to:          Delaware Department        of Agriculture</p>	<p><input type="checkbox"/> Visa</p>	<p><input type="checkbox"/> MasterCard <input type="checkbox"/> Discover</p>
	<p>Billing Name: _____</p>	
	<p>Credit Card Billing        Address: _____</p>	
	<p>City/State/Zip: _____</p>	
	<p>Credit Card Number: _____</p>	
	<p>Expiration Date: _____ / _____  <small>Month Year</small></p>	<p>CVC # found on back of card (3 or 4        digits) _____</p>
	<p>Authorization: _____</p>	

- **Employees possessing a valid pesticide applicator certification are exempt from the \$25.00 fee.**