



## 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 \_\_\_\_\_

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: \_\_\_\_\_

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

Application must be signed by licensee.

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

**CHECK/MONEY ORDER –**  
**FEE \$25.00 PER PERSON**

Make Check or Money Order  
 Payable to:  
 Delaware Department  
 of Agriculture

***NEW!!!***

Visa  
 Billing Name: \_\_\_\_\_  
 Credit Card Billing  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Credit Card Number: \_\_\_\_\_  
 Expiration Date: \_\_\_\_\_ / \_\_\_\_\_  
Month Year  
 Authorization: \_\_\_\_\_

**CREDIT CARD**  
**FEE \$25.00 PER PERSON**

MasterCard  Discover  
 CVC # found on back of card (3 or 4  
 digits) \_\_\_\_\_

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