



# Pesticide Applicator License Verification Checklist

## Applicant Information

Verify the accuracy and completeness of applicant's personal details.

**Legal First Name**

**Legal Middle Name**

**Legal Last Name**

**Date of Birth (Year)**

**Date of Birth**

### Current Mailing Address

Write something...

### City

Write something...

### State

Write something...

### Zip Code

Write something...

### Phone Number

Write something...

## License Status & Validity

Confirm the applicant's license is currently active and has not expired.

### License Status

- ☐ Active
- ☐ Inactive
- ☐ Suspended
- ☐ Revoked
- ☐ Expired

### License Expiration Date

Enter date...

### Number of Renewals

Enter a number...

### Renewal Status

- ☐ Needs Renewal
- ☐ Renewal Pending
- ☐ Renewed
- ☐ Not Required

### Last Renewal Date

Write something...

### Notes Regarding Status (if applicable)

Write something...

## License Category & Endorsements

Verify the license category matches the intended use and check for required endorsements.

### License Category

- ☐ Agricultural Plant Pest Control
- ☐ Agricultural Animal Pest Control
- ☐ Right-of-Way Pest Control
- ☐ Aquatic Pest Control
- ☐ Health Related Pest Control

### Applicable Endorsements (Check all that apply)

- ☐ Herbicide Resistance Management
- ☐ Worker Protection Standards
- ☐ Aquatic Weed Control
- ☐ Sulfur Applicator
- ☐ GPS/Precision Application
- ☐ Other (Specify in Long Text)

If 'Other' endorsement selected, please specify:

Write something...

### Applicable Application Method


- ☐ Ground Application
- ☐ Aerial Application
- ☐ Chemigation

### Date of Last Endorsement Training

Enter date...

### Total Endorsement Training Hours

### Copy of Endorsement Certificates

 Upload File

## Training & Education Records

Review records to ensure required training hours and certifications are documented and up-to-date.

### Date of Initial Training Completion

### Date of Last Renewal Training Completion

### Total Training Hours Completed (Initial)

### Total Renewal Training Hours Completed

### Training Modules Completed (Select all that apply)

- ☐ Labeling & Safety Data Sheets (SDS)
- ☐ Environmental Protection
- ☐ Applicator Safety
- ☐ Pest Identification
- ☐ Resistance Management
- ☐ Specific Crop/Pest Training (Specify in LONG\_TEXT below)

### Specific Crop/Pest Training Details (If Applicable)

Write something...

### Copy of Training Certificate(s)

 Upload File

## Background Checks & Disqualifications

Check for any disqualifying events or background issues that might affect licensing eligibility.

### Criminal Record Check Completed?

- ☐ Yes
- ☐ No
- ☐ Pending

### Disqualification for Illegal Pesticide Use?

- ☐ Yes
- ☐ No
- ☐ N/A

### Details of any Disqualifying Events (if applicable)

Write something...

### Number of Disqualifying Events (if applicable)

Enter a number...

### Supporting Documentation (e.g., court records, agreements)

 Upload File

### Previously Revoked License?

- ☐ Yes
- ☐ No
- ☐ Unknown

### Date of Revocation (if applicable)

Enter date...

### Explanation of Revocation/Reinstatement (if applicable)

Write something...

## Record Keeping & Documentation

Ensure all relevant records are properly maintained and accessible.

### Date of Record Review

Enter date...

### Applicator License Number (Verified)

Enter a number...

### Summary of Record Examination

Write something...

### Copy of License/Certification

 Upload File

### Notes on Training Records

Write something...



### Record Completeness

☐ Complete

☐ Incomplete - Requires Follow-Up

### Reviewer Initials

Write something...

### Date of Next Record Review (if applicable)

Enter date...