OFFICE USE ONLY Activation Date:
Expiration Date:
License Number:

DATE

DATE

2219 CAREY AVE | CHEYENNE, WY 82002 | PHONE: 307-777-3502 | FAX: 307-777-6593

PESTICIDE APPLICATOR LICENSING PRIVATE APPLICATOR LICENSE RECERTIFICATION LICENSE NUMBER (IF RECERTIFICATION): _ PLEASE CHOOSE: **NEW APPLICATION** LICENSE APPLICANT INFORMATION NAME: LAST FIRST MIDDLE INITIAL MAILING ADDRESS: _ STATE PHYSICAL ADRESS: STATE ZIP TELEPHONE: (E-MAIL: **BIRTHDATE** LICENSE CATEGORIES CHECK THE CATEGORY(S) FOR WHICH YOU ARE APPLYING. INSTRUCTOR/TRAINER MUST SIGN AND DATE TRAINING/DATE COLUMNS BELOW. SHADED AREA BELOW FOR WDA USE ONLY CODE **LICENSE TITLE TRAINING (LIST TYPE)** DATE EXAM/WB DATE Χ 1001 **GENERAL CERTIFICATION** 1002 PRODUCT SPECIFIC 1003 LIVESTOCK PROTECTION COLLAR 1004 1005 **CHEMIGATION CONSENT STATEMENT** BY SIGNING THIS APPLICATION YOU ARE CERTIFYING UNDER PENTLTY OF PERJERY THAT THE ABOVE NAMED APPLICANT IS A RESIDENT OF THE STATE OF WYOMING AND IF YOU ARE NOT A LEGAL RESIDENT OF THE STATE OF WYOMING YOU HAVE SUPPLIED THE WDA WITH A SIGNED POWER OF ATTORNEY FORM (FORM WDA-340A) AS REQUIRED BY § 35-7-360(d). YOU ALSO VERIFY THAT YOU HAVE READ AND UNDERSTAND ALL APPLICABLE WYOMING STANDARDS AND REGULATIONS AND AGREE TO ABIDE BY THE LAWS AND REGULATIONS SET FORTH THEREIN. YOU ALSO UNDERSTAND THAT EACH SECTION OF THE LAWS AND REGULATIONS IS SEPARATELY AND COLLECTIVELY ENFORCEABLE.

PRIVATE APPLICATOR LICENSES ARE VALID THROUGH APRIL 30TH OF THE FOURTH YEAR OF ISSUE. (FOR EXAMPLE: IF YOUR LICENSE IS ISSUED OCTOBER 15, 2012 THE LICENSE WILL EXPIRE APRIL 30, 2017.)

SIGNATURE OF APPLICANT

PROCTOR, TRAINER, OR WDA OFFICIAL

INCOMPLETE APPLICATIONS WILL BE MAILED BACK. PLEASE COMPLETE ALL APPLICABLE SECTIONS.

THERE IS NO COST ASSOCIATED WITH THIS LICENSE.