KPL-700(Rev 07/2009)

Kansas Department of Agriculture
Records Center – Pesticide
109 SW 9TH St Topeka KS 66612
785/296-5210 FAX 785/296-6418

PEST CONTROL TECHNICIAN REGISTRATION APPLICATION

1. **TECHNICIAN PERSONAL INFORMATION:**

Social Security Number _____ Date of Birth _____

Date of Employment _____ Phone _____

Last Name _____ First Name _____ Middle Initial _____

Address _____

City _____ County _____ State _____ ZIP _____

2. **LICENSED PESTICIDE BUSINESS (EMPLOYER) INFORMATION:**

Pesticide Business License No. _____ FEIN or SSN _____ License Category (ies) _____

Business /Employer Name: _____

Employer Address _____

City _____ County _____ State _____ ZIP _____

Business Phone: _____ Business FAX: _____

3. **CATEGORY INFORMATION: Check the subcategory(ies) of Pest Control Technician Registration applying for:**

- ☐ 3A – Ornamental Pest Control
- ☐ 3B – Turf Pest Control
- ☐ 3C – Interior Landscape Pest Control
- ☐ 7A - Wood Destroying Pest Control
- ☐ 7E - Structural Pest Control

4. **APPLICANT STATEMENT: I certify under penalty of perjury that the foregoing is true and correct and that I have completed the pest control technician registration training requirements as set forth in the Kansas Pesticide Law and Regulations 2-2440a et. Seq., and I herein apply for Kansas Pest Control Technician registration as an employee of the licensed pesticide business named on this application.**

Applicant Signature: _____ Date Signed _____

5. **TRAINING VERIFICATION: (To Be Completed by Employer) I hereby verify under penalty of perjury that the above named applicant has completed pest control technician training requirements for the subcategory (ies) for which this application is made, that records have been completed which verify such training, and that I/we will maintain such records for a period of not less than three years. All training must consist of a minimum of 10 hours classroom and 30 hours on-the-job training. The 40 hours must be completed after the date of employment.**

Start Date of Training: _____ Completion Date of Training: _____

Trainer Signature: _____ Date Signed: _____

Type or Print Name of signer: _____ Title: _____

6. REGISTRATION FEES: $40.00 IF UNCERTIFIED APPLICATOR FEE HAS **NOT** BEEN PREVIOUSLY SUBMITTED FOR THIS EMPLOYEE FOR THIS LICENSE YEAR. $25.00 IF UNCERTIFIED APPLICATOR FEE HAS BEEN PREVIOUSLY SUBMITTED FOR THIS EMPLOYEE FOR THIS LICENSE YEAR.

7. SUBMIT COMPLETED FORM AND REGISTRATION FEES TO: **KANSAS DEPARTMENT OF AGRICULTURE**
RECORDS CENTER – PESTICIDE
109 SW 9TH ST
TOPEKA, KS 66612

THIS SECTION FOR KANSAS DEPARTMENT OF AGRICULTURE USE ONLY

FEE	CODE	TRANSACTION #	RECEIPT DATE	CHECK #	PBL #	CATEGORIES	ENTRY	EFF DATE	INITIALS	PROCESS DATE
	UA									
	RT									