



COLORADO DEPARTMENT OF AGRICULTURE

Division of Plant Industry

305 Interlocken Parkway, Broomfield, Colorado, 80021
 Tel: (303) 869-9050 Fax: (303) 466-2860 www.colorado.gov/ag/dpi

DPI-ORG-AQSCO (Rev. 4/13)

Pesticide Applicator Program

COLORADO APPLICATION FOR QUALIFIED SUPERVISOR/CERTIFIED OPERATOR LICENSE

INSTRUCTIONS: Please type or print legibly in black or blue ink. Complete this form in its entirety. Return: this completed form; the **\$100.00 license fee payable to the Colorado Department of Agriculture** and the completed **Citizenship Verification Form**. If any of these parts are missing, your application will be rejected.

ORIGINAL SIGNATURE REQUIRED - no facsimiles please!

Applicant Information

First Name	Middle Initial	Last Name	Applicator ID:	Date of Birth
Physical Address		City	State	Zip Code
Mailing Address (if different from Physical)		City	State	Zip Code
Email Address			Phone	

NOTE: Pursuant to Section 35-10-115(3) of the Pesticide Applicators' Act - you must submit any changes to the above information to the Department in writing within 15 days of such change.

If you are interested in receiving information on various workshop opportunities, remote test locations, etc., please provide us your Email address in the Email field above. By signing below you give CDA permission to add your Email address to our listserver.

 Signature Date

Education and/or Experience

College or University attended:	Dates attended			
College/University Address	City	State	Zip Code	County

Major subjects taken

OFFICE USE ONLY - DO NOT WRITE IN THIS SPACE

621 QS FEE 639 QS LATE FEE 637 CO FEE 641 CO LATE FEE

 Check CC Cash Amount Received Date Sent to Fiscal Initials CR #

Fiscal Received Stamp

Employment History

In the space below, give a **COMPLETE** statement of your work history dealing with your experience using pesticides (insecticides, fungicides, herbicides etc.) for the past five years. Describe in detail the duties of each job, listing more current experience first. **Details should include: products used (eg. Iorsban, 2, 4-D), target pests for these products and where used.** This information must be listed individually. Saying "I worked in all categories", is not acceptable. If more space is needed attach additional sheets of paper as necessary.

WARNING: This employment history becomes a permanent part of your record. Please detail **ALL** your experience, whether or not you are currently licensing in a related category. Attempts to change or add to this past history will be cause for investigation. The Department will verify this employment history if necessary.

Company Name			Phone	
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Company Address	City	State	Zip Code	County
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Dates of Employment
 From (month & year): _____ To (month & year): _____
 Full Time Part Time, if part time how many hours per week? _____

Your Title	Supervisor Name
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Pesticide Use Experience (A brief list your pesticide application duties: what, when, where and how you applied pesticides. If you have no experience, say "No Experience.")

Previous Employer Pesticide Experience

Company Name			Phone	
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Company Address	City	State	Zip Code	County
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Dates of Employment
 From (month & year): _____ To (month & year): _____
 Full Time Part Time, if part time how many hours per week? _____

Your Title	Supervisor Name
-------------------	------------------------

Pesticide Use Experience (A brief list your pesticide application duties: what, when, where and how you applied pesticides. If you have no experience, say "No Experience.")

**** Certified Operators skip the next section and proceed to the Additional Licensing Questions page ****
**** This portion required for Qualified Supervisors only ****

QUALIFIED SUPERVISOR EXPERIENCE

PESTICIDES APPLIED IN PAST 5 YEARS FOR EACH LICENSING CATEGORY

List specific names of pesticides and weeds, insects, diseases sprayed AND/OR treated
Please list the specific area treated, i.e.: Road Right of Way or Turf or Crop

Category #	Pesticide Product Name	Target Pest Name	Area/Site Treated

Additional Licensing Questions

Each of the following questions must be answered in full. Attach a separate piece of paper if necessary. Be sure to include the question number for each answer on the separate sheet

1. Have you filed a previous application for licensure or certification or for license as a qualified supervisor or certified operator in Colorado? Yes No

2. Have you ever applied for licensure or certification or been licensed or certified as a pesticide applicator in any other state(s)? Yes No

If YES, list the state and dates below or add an additional page:

3. Have you ever been notified by any state, tribal, or federal agency of any alleged violations of any state, tribal or federal law relating to pesticide application? If YES, attach explanation including date, state, tribal or federal agency, allegation and disposition. Yes No

4. Has any disciplinary action ever been taken regarding any license, certificate, or equivalent involving the application of pesticides, which you now hold or have ever held? If YES, attach explanation including date, state, tribal or federal agency, allegation and disposition. Yes No

5. Have you ever been denied a license, permission to apply pesticides or permission to take an examination for licensure in any state, tribal or federal jurisdiction? If YES, attach explanation including date, state, tribal or federal agency, and reason for denial. Yes No

6. Have you ever voluntarily surrendered a license to apply pesticides? If YES, attach explanation. Yes No

7. Have you ever been convicted of, pled guilty to, pled *nolo contendere*, received a deferred prosecution or a deferred judgement for, any criminal offense related to the application of pesticides or the sale of pest control services in any state, tribal or federal jurisdiction? If YES, attach explanation. Yes No

8. Have you ever entered into any settlement or had judgment entered against you, in any civil lawsuit, related to the application of pesticides or the sale of pest control services? If YES, attach explanation. Yes No

9. Do you have any objections to Department contacting your past or present employer(s) concerning your qualifications? If YES, attach explanation. Yes No

I, the undersigned state that the information contained in this application is true and correct to the best of my knowledge. I also understand that under the Pesticide Applicators' Act providing false information is grounds for denial, suspension, or revocation of my license and any other lawful discipline.

Printed Name of Applicant _____

Signature of Applicant _____

Date _____



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Citizenship/Immigration Status Verification

Instructions:

Why are we asking for your citizenship/immigration status?

All state agencies are required to verify the lawful presence in the United States of all natural persons (individuals and individuals doing business as sole proprietors) who apply for certain public benefits, including the license, permit or registration for which you are applying. (Colorado Revised Statutes section 24-76.5-103)

Who does this apply to?

This requirement applies only to natural persons as described above. It **NOT** apply to partnerships, corporations or other business entities that apply for state does benefits.

How do I complete this form?

If you are applying for a license, permit or registration for yourself, or for a business for which you are the sole proprietor, you must provide the information in numbered paragraphs 1 through 4 on this form, sign and date it, and submit it along with your application form for the license you are applying

What form of identification do I need to provide with this form?

You are required to provide one of the following;

- Colorado driver's license number
- Electronic Identification Indicator ("EII")

OR one of the following alternative identification documents:

Driver's license or identification card issued by:

Alabama	District of Columbia	Kansas	Minnesota	New Jersey	Pennsylvania	Virginia
Alaska	Florida	Kentucky	Mississippi	New York	Rhode Island	W
Arizona	Georgia	Louisiana	Missouri	North Carolina	South Carolina	Virginia
Arkansas	Hawaii	Maine	Montana	North Dakota	South Dakota	Wisconsin
California	Idaho	Maryland	Nebraska	O	Tennessee	Wyoming
Connecticut	Indiana	Massachusetts	Nevada	Oklahoma	Texas	
Delaware	Iowa	Michigan	New Hampshire	Oregon	Vermont	
				o		

OR a valid:

- Colorado ID card
- Military Dependent's Card
- American tribal identification document;
- U.S. Passport or other citizenship document with photograph
- U.S. Military ID card
- U.S. Coast Guard Merchant Mariner Card Native
- U.S. naturalization certificate with photograph

OR valid immigration documents demonstrating lawful presence:

- Foreign passport with I-551 stamp or attached Temporary I-551 visa
- I-94 with refugee or asylum status
- Permanent Resident card
- Employment Authorization card
- Foreign passport accompanied by an I-94 indicating expiration date
- Resident Alien card
- Temporary Resident card

If you do not have any of the above forms of identification, you must apply for an EII from the Colorado Division of Motor Vehicles ("DMV") before completing this form. Information on obtaining an EII is available at the DMV website: www.revenue.state.co.us/main/home.asp.

Citizenship/Immigration Status Verification

- Print name of individual/sole proprietor: _____
- Business name, if different: _____
- a) Colorado driver's license number: _____ or b) Electronic Identification Indicator ("EII"): _____
or c) Alternative Identification Document: _____ (Describe and attach notarized copy if not applying in person)

4. I swear and affirm under penalty of perjury under the laws of the State of Colorado that the information I have provided on this form is complete and accurate and (check one):

- A) I am a United States citizen
- B) I am a permanent resident of the United States
- C) I am lawfully present in the United States pursuant to Federal law
- | | | |
|--------------|----------------|-------------------|
| Alien number | OR I-94 number | AND Date of Birth |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

IF YOU CHECK B OR C PROVIDE A COPY OF THE CERTIFICATE/CARD THAT DOCUMENTS LAWFUL PRESENCE IN THE U.S.

I understand that this sworn statement is required by law because I have applied for a public benefit that is subject to Colorado Revised Statutes section 24-76.5-103. I understand that this state law requires me to provide proof that I am lawfully present in the United States prior to receipt of this public benefit. I understand that if I am not a United States citizen this law requires the Colorado Department of Agriculture ("CDA") to verify my lawful presence in the United States through the federal Department of Homeland Security ("DHS") Citizenship and Immigration Services ("CIS") Systematic Alien Verification of Entitlement Program. I hereby authorize DHS/CIS to provide CDA with information related to my immigration status. I further acknowledge that making a false, fictitious, or fraudulent statement or representation in this sworn affidavit is punishable under the criminal laws of Colorado as perjury in the second degree under Colorado Revised Statute section 18-8-503 and it shall constitute a separate criminal offense each time a public benefit is fraudulently received.

Applicant Signature: _____

Date: _____

Citizenship/Immigration Status Verification

THIS SIDE FOR CDA OFFICE USE ONLY

If license issued:

I, _____, hereby state that I have personally verified the above information by the following method:

- Visually inspecting the following document (or notarized copy) produced by the applicant:
 - Colorado driver's license
 - Colorado identification card
 - Driver's license or identification card from an approved state (specify): _____
 - U.S. military card
 - Military dependent's card
 - U.S. Coast Guard Merchant Mariner card
 - Native American tribal identification document (specify): _____
 - U.S. naturalization certificate with photograph
 - U.S. Passport or other citizenship document with photograph
 - One of the following immigration documents verified through SAVE:
 - Foreign passport with I-551 stamp or attached Temporary I-551 visa
 - Foreign passport accompanied by an I-94 indicating expiration date
 - I-94 with refugee or asylum status
 - Resident Alien card
 - Permanent Resident card
 - Temporary Resident card
 - Employment Authorization card
- Verifying the Colorado driver's license number with the DMV
- Verifying the applicant's EII with the DMV

If license application not accepted:

I, _____, hereby state that I was not able to verify the applicant's lawful presence in the United States for the following reason:

- The applicant did not provide the required documentation.
- The information on the documentation provided was not complete or accurate (explain).

- Other reason:

CDA Employee Signature: _____ Date: _____

I, _____, hereby state that I have:

- a) CONFIRMED the applicant's lawful presence in the United States through the SAVE Program;
- b) NOT CONFIRMED the applicant's lawful presence in the United States through the SAVE Program.

CDA Employee Signature: _____ Date: _____