DEPARTMENT OF AGRICULTURE
DIVISION OF PESTICIDES
107 CORPORATE DRIVE
FRANKFORT KY 40601

Commercial Pesticides
Trainee Registration Application
($5.00 Fee) Payable to: **KY STATE TREASURER**

SS# _____ - ____ - _____

Trainee Name: _____
First Middle Last

Home Address : _____

City: _____ State: _____ Zip _____

Home Phone: (_____) _____

Company CO#: _____

Company Name: _____

Company Address: _____

City: _____ State: _____ Zip: _____

We, the undersigned, acknowledge that the Commercial Pesticide Trainee listed above is being hired for a period not to exceed ninety (90) consecutive working days and is not renewable. We further understand that the Trainee is required to be under the direct supervision of a licensed Commercial Pesticide Operator or Applicator at all times.

_____ _____
Signature of Trainee Date

_____ _____
Signature of Authorized Personnel Date