

KENTUCKY DEPARTMENT OF AGRICULTURE

PCO EMPLOYEE REGISTRATION FORM

James Comer, Commissioner
Division of Pesticide Regulation
107 Corporate Drive, Frankfort, KY 40601

License Year

Company Name: _____ Date: _____

Address: _____

Phone: _____

THE FOLLOWING PERSONS ARE EMPLOYED BY THIS COMPANY AND ASSIST WITH IN-HOUSE PEST CONTROL SERVICES.
(List ALL persons to receive ID cards)

Name: Complete Home Address: SS Number: Home phone Number Job title/ Termination

1. _____

2. _____

3. _____

4. _____

5. _____

LPCO Signature: _____ LPCO# _____ Branch Manager Signature: _____
(add additional pages as needed)