

**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