

KENTUCKY DEPARTMENT OF AGRICULTURE

Ryan F. Quarles, Commissioner

Division of Environmental Services

107 Corporate Drive, Frankfort, KY 40601

PCO EMPLOYEE REGISTRATION FORM

Company ID # _____ Date: _____
(NOT LICENSE #)

Company Name: _____
Address: _____

Phone #: _____ E-mail: _____

THE FOLLOWING PERSONS ARE EMPLOYEES BY THIS COMPANY AND ASSIST WITH PEST CONTROL SERVICES

(List ALL persons to receive ID cards)

| Employee ID # | Name | Complete Home Address: | Home Phone Number | Job title/ (Termination) |
|---------------|-------|------------------------|-------------------|--------------------------|
| 1. _____ | _____ | _____ | _____ | _____ () |
| 2. _____ | _____ | _____ | _____ | _____ () |
| 3. _____ | _____ | _____ | _____ | _____ () |
| 4. _____ | _____ | _____ | _____ | _____ () |
| 5. _____ | _____ | _____ | _____ | _____ () |
| 6. _____ | _____ | _____ | _____ | _____ () |
| 7. _____ | _____ | _____ | _____ | _____ () |
| 8. _____ | _____ | _____ | _____ | _____ () |
| 9. _____ | _____ | _____ | _____ | _____ () |
| 10. _____ | _____ | _____ | _____ | _____ () |

LPCO Signature: _____

Office Manager Signature: _____