



CERTIFICATION ID#:	
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RENEWAL/RECERTIFICATION APPLICATION FORM

PLEASE BE AWARE:
IF YOUR APPLICATION IS NOT COMPLETE, IT WILL BE RETURNED TO YOU
YOU MUST SUBMIT SEPARATE CHECKS FOR EACH APPLICATOR OR TECHNICIAN

Last Name _____	First Name _____	M.I. _____
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Have you ever been convicted of a felony? Yes No

Do you have an unresolved violation of the ECL relating to Pesticides? Yes No If YES, please provide a notarized letter detailing what the violation was, where the violation occurred and when.

Last 4 digits of your Social Security #: <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 25px; height: 25px; display: inline-block;"></div> <div style="border: 1px solid black; width: 25px; height: 25px; display: inline-block;"></div> <div style="border: 1px solid black; width: 25px; height: 25px; display: inline-block;"></div> <div style="border: 1px solid black; width: 25px; height: 25px; display: inline-block;"></div> </div>	Date of Birth: ____/____/____	Email: _____
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Daytime Phone #: (____) _____	Cell Phone #: (____) _____	Home Phone #: (____) _____
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Home Address: Street _____
 City _____ State _____ Zip _____ - _____ County _____

Mailing Address* (if different): Street _____ PO Box _____
 City _____ State _____ Zip _____ - _____ County _____

(*YOUR MAILING ADDRESS CANNOT BE YOUR EMPLOYERS ADDRESS)

Employer Name: _____ Business Registration# _____

Address: _____ City _____ State _____ Zip _____

NYS Department of Motor Vehicles 9-digit identification number: ____ - ____ - ____ ____ - ____ - ____ ____ - ____ - ____

AFFIRMATION: I acknowledge that I must keep records, file annual reports, submit to inspections, apply pesticides and adhere to all New York State laws in Article 33 of the Environmental Conservation Law (ECL), and all rules and regulations in 6NYCRR part 325.

I authorize DEC and DMV to produce an ID card bearing my DMV photo. I understand DMV will send this card to the address I maintain with DEC. I also understand that DEC and DMV will use my DMV photo to manufacture all my subsequent ID Cards for as long as I maintain my pesticide applicator certification.

False statements made herein or on any attachments submitted by me, are punishable as a Class A misdemeanor pursuant to Section 210.45 of the Penal Law.

Signature _____	Date _____
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Pesticide Program Fees

Summary of Pesticide Program Fees (Effective April 1, 2009)

- Pesticide Applicator Examination Fee: \$100 per exam.
- Pesticide Business Registrations Fee: \$900 every three years.
- Certified Commercial Pesticide Applicator and Technician Fee (except if certified in 3A only or 3B only): \$450 every 3 years for first category or subcategory and \$150 every 3 years for each additional category or subcategory.
- Certified Commercial Pesticide Applicator and Technician Fee (if certified in 3A only or 3B only): \$200 every year.
- Aquatic Anti-Fouling Paint Applicator Fee: \$450 every 3 years.
- Private Pesticide Applicator Fee: \$25 every five years.