



**NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION
PESTICIDE TRAINING INSTRUCTOR APPLICATION**

You will find this application on our website (www.dec.ny.gov/permits/38986.html) in a MS Word format. Please fill it out completely, save it and then send it to: pestmgt@gw.dec.state.ny.us (as an attachment to an email).

NAME		TELEPHONE	
ADDRESS			
EMAIL			
TITLE OF PRESENTATION		DID YOU AUTHOR THE COURSE?	
COLLEGE EDUCATION			
MAJOR			
COLLEGE / UNIVERSITY	DEGREE RECEIVED	YEAR	
COLLEGE COURSES COMPLETED RELEVANT TO YOUR PRESENTATION			
PESTICIDE APPLICATOR CERTIFICATION: ARE YOU A CERTIFIED PESTICIDE APPLICATOR? ___NO ___YES HOW LONG? _____			
CERTIFICATION ID # _____ STATE _____ CERTIFICATION CATEGORIES _____ EXP. DATE _____			
PESTICIDE APPLICATION EXPERIENCE:			
BOARD CERTIFICATION: ARE YOU A BOARD CERTIFIED ENTOMOLOGIST OR ARBORIST?			
IF YES, INDICATE TYPE OF CERTIFICATION _____ ID# _____ YEAR CERTIFIED _____			
PESTICIDE INDUSTRY EXPERIENCE (Attach Resume):			
LIST EMPLOYMENT FOR THE LAST SIX YEARS:			
All information requested in this application is mandatory. Failure to provide any of the requested information will result in the application being rejected as incomplete.			
SIGNATURE		DATE	