



NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION PESTICIDE TRAINING INSTRUCTOR APPLICATION

This application is available on the NYS DEC website at www.dec.ny.gov/chemical/52682.html. Please fill it out completely and email it (as an attachment) to: pestcourse@dec.ny.gov.

NAME		EMAIL	
ADDRESS		TELEPHONE	
SPONSORING ORGANIZATION & NAME OF PROGRAM OR CONFERENCE			
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? <input type="checkbox"/> NO <input type="checkbox"/> YES HOW LONG? _____			
CERTIFICATION ID # _____ STATE _____ EXP. DATE _____			
CERTIFICATION CATEGORIES _____			
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 (Start with most recent, include dates):			
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	