



Request to Add or Remove Certified Applicator(s)

1 _____
Company License Number

2 _____
Business Name

_____ Business Phone

3 _____
Mailing Address

_____ City, State, Zip

CERTIFIED APPLICATOR(S)

Please print clearly

Please check the box that correctly indicates whether the request is to Add or Remove the Certified Applicator from the license.

4 _____ **ADD REMOVE**

1 _____
First & Last Name

_____ CA Number

2 _____
First & Last Name

_____ CA Number

3 _____
First & Last Name

_____ CA Number

4 _____
First & Last Name

_____ CA Number

5 Mail to: **Oklahoma Department of Agriculture, Food & Forestry**
Consumer Protection Services
OR **PO Box 528804**
Oklahoma City OK 73152-8804

6 Email to: **Pesticide@ag.ok.gov**

PLEASE READ THE STATEMENT BELOW AND SIGN

I understand that a certificate does not allow a person to do work as a commercial or noncommercial applicator unless employed by a licensed entity. I also understand that it is the responsibility of the licensed company to inform the Department of Agriculture, Food, & Forestry of the hiring or termination of the certified applicator(s).

Signature of Authorized Representative

Date