



PESTICIDE APPLICATOR TRAINING

Complete one form for each person seeking Wisconsin COMMERCIAL Pesticide Applicator Certification.

| | | | | | |
|---|-------|------------|-----------------------|---------------------|----------------------------|
| Last Name | | First Name | | Middle Initial | Date of Birth (mm/dd/yyyy) |
| Company Name | | | Company Unit/Division | | Business Phone () |
| Street Address (REQUIRED to ship manual by private carrier) | | | | Home Phone () | |
| Apartment | Suite | PO Box | | Mobile Phone () | |
| City | | State | Zip | E-mail Address | |

Base category/Subcategory Registration is required before taking the pesticide applicator certification exam.
A personalized training/reference manual will be provided.

Base Category Registration

\$47 for each Base Category

Click to or each base category for which you desire certification.

| | | | | | | | |
|--|---|--|---|--|---|---|---|
| <input type="checkbox"/> 1.1 Field & Vegetable | <input type="checkbox"/> 1.2 Fruit | <input type="checkbox"/> 1.3 Livestock & Poultry | <input type="checkbox"/> 2 Forestry | <input type="checkbox"/> 3 Turf & Landscape (& Interiorscapes) | <input type="checkbox"/> 3.1 Greenhouse & Nursery | <input type="checkbox"/> 4 Seed Treatment | <input type="checkbox"/> 5 Aquatic & Mosquito |
| <input type="checkbox"/> 5.1 Antifouling Paint | <input type="checkbox"/> 6 Right of Way | <input type="checkbox"/> 7.1 Structural | <input type="checkbox"/> 7.2 Space & Commodity Fumigation | <input type="checkbox"/> 7.3 Termite | <input type="checkbox"/> 7.4 Wood Preservation | <input type="checkbox"/> 7.5 Sewer Root | <input type="checkbox"/> 11 Companion Animal |
| | | <input type="checkbox"/> 24 Mixer & Loader | | | | | |

Base Category Registration

(Training/reference manual will be provided.)

_____ @ \$47 = \$ _____
Quantity Selected

Subcategory Registration

\$12 for each Subcategory

Click to or each subcategory for which you desire certification.

| | | |
|---|---|---|
| <input type="checkbox"/> 9.9 Aerial Application | <input type="checkbox"/> 25 Soil Fumigation | <input type="checkbox"/> 26 Chemigation |
|---|---|---|

To receive certification in subcategories, you must first be certified in an appropriate pest control base category.

Subcategory Registration

(Training/reference manual will be provided.)

_____ @ \$12 = \$ _____
Quantity Selected

CD's & DVD's to supplement your training.

\$12 for each CD/DVD

Click to or each item to request a copy.

| | | | | | | | |
|--|---|--|---|---|---|---|--|
| <input type="checkbox"/> DVD 1.1 Field & Vegetable | <input type="checkbox"/> DVD 2 Forestry | <input type="checkbox"/> DVD 3 Turf & Landscape (& Interiorscapes) | <input type="checkbox"/> CD 3 Turf & Landscape (& Interiorscapes) | <input type="checkbox"/> DVD 3.1 Greenhouse & Nursery | <input type="checkbox"/> DVD 6 Right of Way | <input type="checkbox"/> DVD 7.1 Structural | <input type="checkbox"/> CD 7.1 Structural |
|--|---|--|---|---|---|---|--|

DVD's contain presentations given at the live training sessions.
CD's contain tutorials created for the 5th edition manual, but are still valid for the current edition.

CD's & DVD's

_____ @ \$12 = \$ _____
Quantity Selected

Please select:

Self-Study

I will self-study the training materials and make exam arrangements directly with the Wisconsin Dept. of Agriculture, Trade and Consumer Protection, WDATCP. (Instructions are provided with manual.)

Live Training Sessions to supplement your training.

\$30 for each Session

I wish to attend the training session(s) below. All sessions are held from January-April. Check schedule on our website (www.patstore.wisc.edu) after November 15 for dates. Session fee is non-refundable. WDATCP will administer the exam the same day.

| Category # | Training Location | Scheduled Date |
|------------|-------------------|----------------|
| | | |
| | | |

Live Training Sessions

_____ @ \$30 = \$ _____
Quantity Listed

PAYMENT TOTAL: \$ _____

Make check payable to:

University of Wisconsin-Extension

Questions? Contact the Pesticide Applicator Training (PAT) office at: (608) 262-7588

PATprogram@mailplus.wisc.edu

or visit our website at:

http://ipcm.wisc.edu/PAT



OFFICE USE ONLY

| | |
|-------------|----------------------|
| Date Rec'd. | _____ |
| Ck. No. | _____ |
| Ck. \$ | _____ No. Ind. _____ |
| Ck. Drawn | _____ |

Mail form and payment to:

Pesticide Applicator Training
Department of Agronomy
1575 Linden Dr
Madison, WI 53706-1597