



Document title

APPLICATION FOR ACCREDITATION CERTIFIED PESTICIDE APPLICATOR

| | |
|--------------|--------------|
| Form no. | PMID - 03 |
| Revision no. | 0 |
| Date | 09.13.2019 |
| Author | A.D Gonzales |
| Approved by | D.M De Leon |
| Page | 1 of 1 |

Latest
1 x 1
Picture

Control No. _____

Please check:

| | |
|----------------------------------|--|
| <input type="checkbox"/> New | <input type="checkbox"/> Agricultural Fumigator |
| <input type="checkbox"/> Renewal | <input type="checkbox"/> Agricultural Exterminator |

| | |
|---|---------|
| Date of training/last symposium attended: | Venue : |
|---|---------|

| | | |
|-----------------|------------------------|-----|
| Name | | |
| Email Address | Contact Number | Age |
| Citizenship | Educational Attainment | |
| Company Name | | |
| Company Address | | |

I hereby certify that the above information is correct to the best of my knowledge.

Signature

| | |
|--|---|
| Requirements to be attached to this application | <ol style="list-style-type: none"> 1. Certificate of attendance to training/symposium 2. Recently issued Certificate of Employment 3. Monthly Pest Control Operations Report (in-house/renewal) 4. List of Chemicals Used (Renewal) |
|--|---|

PRIVACY NOTICE AND CONSENT TO USE DATA

We respect your privacy and keep your personal information confidential unless we are lawfully required or allowed to disclose it or that you give your written consent to such disclosure.

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|---|--|
| <p>FOR FPA USE ONLY:</p> <p>Received by / Date:</p> <p>_____</p> | <p>Date Issued : _____</p> <p>Amount Paid : _____</p> <p>Official Receipt No. : _____</p> <p>Place : _____</p> |
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