



Wisconsin Department of Agriculture,
Trade and Consumer Protection
Division of Agricultural Resource Management
P.O. Box 8911
Madison, WI 53708-8911
608-224-4548

For Office Use Only

Approval/Disapproval Mailed: _____

Temporary Certification Number: _____

End Date: _____

Temporary Commercial Applicator Trainee Registration

Wisconsin Administrative Code, ATCP 29.32

An employer holding a valid Commercial Pesticide Application Business license with the department may register an employee as a trainee if that employer is training that employee in preparation for commercial pesticide applicator certification and licensing. A registered trainee may temporarily engage (30 days) in pesticide use activities for which certification and licensing is normally required, if those activities are reasonably necessary for the training. A registered trainee must always work under the direct, on-site supervision of the certified and licensed applicator(s) listed on this registration.

The employer, on-site supervisor, and the registered trainee agree to abide by all of the conditions of the registration which are stated on this form. A trainee registration takes effect when the registration is dated and properly filed with the department. Completed registration may be filed with the department either in person or by mail. Temporary registration will expire 30 days after the effective date of registration.

PART A – ELIGIBILITY LIMITS

- No employer may register a trainee more than once in the same commercial pesticide certification category.
- No person may be registered as a trainee to use, or mix or load, any pesticide in any commercial pesticide certification category in which that person has failed to renew a prior commercial certification.

PART B – RESTRICTIONS ON TRAINEE USE OF PESTICIDES

A trainee:

- May only use a pesticide under the direct, on-site supervision of the licensed Individual Commercial Pesticide Applicator(s) listed on this form.
- May only engage in a category of pesticide use which has been identified on this form.
- May not use or purchase any restricted-use pesticide product, or direct the use of pesticides by others.
- May not engage in any aquatic pest control, use any fumigant, or apply any pesticide by aircraft or chemigation.

EMPLOYER'S DECLARATION

As the trainee's employer, or a responsible officer of the employer, I declare that the trainee under this registration meets the eligibility requirements under PART A – ELIGIBILITY LIMITS, and will operate in accordance with PART B – RESTRICTIONS ON TRAINEE USE OF PESTICIDES. As the trainee's employer I declare that:

1. I am preparing the trainee for commercial pesticide applicator certification and licensing.
2. I assume complete responsibility for the trainee's use of pesticides during the training period.
3. The training provided by the employer must comply with the restrictions under PART B.
4. Trainee is at least 16 years old.
5. Trainee can understand and follow oral instructions.
6. Trainee can read and comprehend written instructions, including pesticide labels and labeling.
7. Trainee can carry out assignments and instructions in a responsible manner.
8. Trainee is capable of using pesticides as a trainee, under direct supervision.

Please Print – Employer Name

Position

Employer Signature

Effective Date of Registration

Personal information you provide may be used for purposes other than that for which it was originally collected (sec. 15.04(1)(m), Wis. Stats.).

SUMMARY SUSPENSION OR REVOCATION. The department may by written notice, without prior notice or hearing, summarily suspend or revoke a trainee registration if the department finds a violation of this section, or determines that any information in the registration is false.

| TRAINEE REGISTRATION (Print Legibly) | | | |
|--------------------------------------|-----------------|---------------|-----------|
| TRAINEE NAME | | DATE OF BIRTH | |
| STREET | | CITY | STATE ZIP |
| COUNTY | PHONE: () - | E-MAIL | |
| PESTICIDE USE CATEGORY(S) | | | |

TRAINEE Signature: _____ Date _____

| EMPLOYER INFORMATION | | | |
|----------------------|--|---|-----------|
| BUSINESS NAME | | BUSINESS LOCATION LICENSE NUMBER 93 - - | |
| STREET | | CITY | STATE ZIP |
| PHONE: () - | | E-MAIL | |

| PESTICIDE(S) WHICH MAY / WILL BE APPLIED BY TRAINEE | |
|---|-------------------------|
| PRODUCT NAME | EPA REGISTRATION NUMBER |
| | |
| | |
| | |

Please attach additional pages as needed

| APPLICATOR(S) RESPONSIBLE FOR ON-SITE SUPERVISION OF APPLICANT | |
|--|-------------------------------|
| LICENSED APPLICATOR'S COMPLETE NAME | INDIVIDUAL LICENSE NUMBER |
| CERTIFICATION NUMBER | CERTIFICATION EXPIRATION DATE |
| PESTICIDE USE CATEGORY(S) | |

APPLICATOR Signature: _____ Date _____

TRAINEE:

- Make a photocopy of this application.
- Trainee's must have a copy of this application on their person when making pesticide applications.

EMPLOYERS: Make a photocopy of this application to serve as a receipt for your records.

Mail Completed Forms to:

WDATCP
Pesticide Certification and Licensing Program
P.O. Box 8911
Madison, WI 53708-8911



Wisconsin Department of Agriculture, Trade and Consumer Protection
Division of Agricultural Resource Management
PO Box 8911
Madison WI 53708-8911
Phone: (608) 224-4500

For Office Use Only
License Number:
Date received:

Request for Social Security Number (SSN) (Section 93.135, Wis. Stats.)

PLEASE READ THIS IMPORTANT NOTICE

PLEASE COMPLETE THIS FORM, ATTACH IT TO THE APPLICATION, AND RETURN IT IN THE ENVELOPE PROVIDED OR MAIL IT TO THE ADDRESS LISTED ON THE APPLICATION.

Section 93.135, Wis. Stats., requires the Department to collect the Social Security Number (SSN) of every Sole Proprietor or individual applying for an original license, registration, permit or certificate. This also applies to married couples listed on the same license. Please copy and complete an additional form for a spouse to be included on the license.

This requirement DOES NOT APPLY TO:

- 1. Any of the following which are registered with the Department of Financial Institutions: Limited Partnerships, Limited Liability Partnerships (LLP), Limited Liability Companies (LLC), Corporations or Cooperatives. Please do not substitute a Federal Employer Identification Number (FEIN) for the SSN, even if you are an individual that holds both of these numbers.
2. General Partnerships. However, any licensee operating as a General Partnership must provide a copy of the legal partnership agreement, or page 1 of its most recently filed IRS form 1065, as proof of their exemption from the requirement (return documentation with your application).

Wisconsin Statute s. 93.135 requires the Department to collect the SSN from each applicant who is an individual or a sole proprietor and provide it to the Department of Children and Families. The Department will handle and protect the confidentiality of SSN in accordance with its Security of Personal Information policy

BY LAW, THE DEPARTMENT MAY NOT ISSUE A LICENSE, CERTIFICATE, REGISTRATION, OR PERMIT TO AN INDIVIDUAL OR SOLE PROPRIETOR UNTIL THE APPLICANT PROVIDES HIS OR HER SSN.

1. Individual's Complete Legal Name: First Middle Last

2. Also operating under the following business names (please list if any):

3. Social Security Number (Individuals and Sole Proprietors must provide their SSN) - Do not supply FEIN.

SSN input boxes: [][][] - [][] - [][][][]

NOTE: If this license, permit, certificate, or registration is to be issued to a married couple, each individual must complete a separate form and return it with the application. This form can be photocopied/duplicated. Each individual must complete a separate form.

Personal information you provide may be used for purposes other than that for which it was originally collected. (s. 15.04 (1)(m), Wis. Stats.) Social Security Numbers provided are CONFIDENTIAL by law.