



**Connecticut Department of  
Energy & Environmental Protection**  
Bureau of Materials Management & Compliance Assurance  
Engineering & Enforcement Division

# Application for Duplicate Pesticide Applicator's Certificate

<b>DEEP USE ONLY</b>	
Certification No.:	_____
Form No.:	_____
Date:	_____

## Part I: Applicant Information

1. Name of Applicant (must be over 18 years of age):			
Name:	Date of Birth:		
Mailing Address:			
City/Town:	State:	Zip Code:	
Phone:	ext.	Fax:	
*E-mail:			
2. Name of Company (if applicable):			
Name:			
Mailing Address:			
City/Town:	State:	Zip Code:	
Business Phone:	ext.	Fax:	
Contact Person:	Title:		
*E-mail:			
*By providing this e-mail address you are agreeing to receive official correspondence from the department, at this electronic address, concerning the subject application. Please remember to check your security settings to be sure you can receive e-mails from "ct.gov" addresses. Also, please notify the department if your e-mail address changes.			

## Part II: Certification (check all that apply)

<p>"I hereby declare that a <input type="checkbox"/> Supervisory <input type="checkbox"/> Operational <input type="checkbox"/> Private Applicator Certificate, number _____ was issued to me by the Department of Energy and Environmental Protection, and that said certificate has <input type="checkbox"/> not been received by me, <input type="checkbox"/> been lost, destroyed or mutilated beyond recognition, and I hereby apply for a duplicate certificate.</p> <p>I declare under the penalties of false statement that the submitted information is true, accurate and complete to the best of my knowledge and belief. I understand that a false statement in the submitted information may be punishable as a criminal offense, in accordance with Section 22a-6 of the General Statutes, pursuant to Section 53a-157b of the General Statutes, and in accordance with any other applicable statute.</p> <p>I certify that this application is on complete and accurate forms as prescribed by the commissioner without alteration of the text."</p>	
Signature of Applicant _____	Date _____
Printed Name of Applicant _____	Title (if applicable) _____

Mail completed application to:

PESTICIDE MANAGEMENT PROGRAM  
ENGINEERING AND ENFORCEMENT DIVISION  
BUREAU OF MATERIALS MANAGEMENT AND COMPLIANCE ASSURANCE  
DEPARTMENT OF ENERGY AND ENVIRONMENTAL PROTECTION  
79 ELM STREET  
HARTFORD, CT 06106-5127