Government of the District of Columbia
Department of the Environment
Toxic Substance Division/Hazardous Materials Branch
Pesticide Program
1200 First Street, N.E., 5th Floor
Washington, D.C. 20002
Ph. (202) 535-2299

REGISTERED EMPLOYEE I.D. CARD REQUEST/TERMINATION FORM

Please print legibly or type.

Name of Business or Agency: ____________________________ Telephone No.: ____________________________

Street Address: ____________________________ Mailing Address: ____________________________

City: ____________________________ State: ____________________________ Zip Code: ____________________________

Business or Agency Customer Number (From License): ____________________________

EMPLOYEES TO BE REGISTERED: (Do Not Send Photos with Application.)

1. ____________________________ ____________________________
   Employee Name ____________________________ Home Address (Street)
   Social Security Number ____________________________ City: ____________________________ State: ____________________________ Zip: ____________________________

2. ____________________________ ____________________________
   Employee Name ____________________________ Home Address (Street)
   Social Security Number ____________________________ City: ____________________________ State: ____________________________ Zip: ____________________________

3. ____________________________ ____________________________
   Employee Name ____________________________ Home Address (Street)
   Social Security Number ____________________________ City: ____________________________ State: ____________________________ Zip: ____________________________

EMPLOYEES TO BE CANCELLED: (Return I.D. card if possible).

Name(s): ____________________________ Date of Termination: ____________________________

APPLICATION MUST BE SIGNED BY THE LICENSED APPLICATOR UNDER WHOSE CERTIFICATION REGISTERED EMPLOYEE WILL WORK.

__________________________ ____________________________
Signature Date

Certified Applicator’s Name: ____________________________ Customer Number (Required): ____________________________

NOTE: FORMS WILL ONLY BE ACCEPTED WITH ORIGINAL SIGNATURE IF MAILED, HAND DELIVERED OR SCANNED AS .pdf AND EMAILED. DO NOT FAX.
ADDITIONAL EMPLOYEES TO BE REGISTERED:

4. ___________________________        _____________________________
   Employee Name                      Home Address (Street)
   ___________________________________________________________________
   Social Security Number            City          State     Zip

5. ___________________________        _____________________________
   Employee Name                      Home Address (Street)
   ___________________________________________________________________
   Social Security Number            City          State     Zip

6. ___________________________        _____________________________
   Employee Name                      Home Address (Street)
   ___________________________________________________________________
   Social Security Number            City          State     Zip

7. ____________________________        _____________________________
   Employee Name                      Home Address (Street)
   ___________________________________________________________________
   Social Security Number            City          State     Zip

8. ____________________________        _____________________________
   Employee Name                      Home Address (Street)
   ___________________________________________________________________
   Social Security Number            City          State     Zip

9. ____________________________        _____________________________
   Employee Name                      Home Address (Street)
   ___________________________________________________________________
   Social Security Number            City          State     Zip

ADDITIONAL EMPLOYEES TO BE CANCELLED:

Name(s):  ____________________________
                   _____________________________
                   Date of Termination:
                   ___________________________________________________________________
                   ____________________________
                   ____________________________

Rev: 05/17/2010