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**PRELIMINARY APPLICATION FOR REGISTERED TECHNICIAN**

**(FORM PB-773) (12/23)**

**Government of the District of Columbia**

**Department of Energy and Environment**

**Toxic Substance Division/Hazardous Materials Branch**

**Pesticide Program**

**1200 First Street, N.E., 5th Floor**

**Washington, D.C. 20002**

**Ph. (202) 535-2600**

**Email:** **doeepesticide@dc.gov**

**Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TYPE, OR PRINT IN INK**

1. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Last Name of Applicant First Name Middle Initial**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home Address of Applicant (P.O. Boxes not accepted)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address City State Zip Email Telephone Number**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Birth SSN (last 4 digits) Driver's License No.**

**(2) TYPE OF TECHNICIAN (CHECK ONE):**

**\_\_\_\_ Commercial**

**\_\_\_\_ Public (D.C. or U.S. Government employee)**

**(3) APPLYING BY:**

**\* Examination \_\_\_\_ Examination cost is $30.00**

**\*Reapplication \_\_\_\_**

**(4) I AM CURRENTLY:**

**Employed by a Pest Control Firm \_\_\_\_**

**Employed by a Government Agency \_\_\_\_**

**Other (explain) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(5) Have you ever applied for registration in the District of Columbia? YES \_\_\_\_ NO \_\_\_\_**

**(6) Have you ever held, or do you now hold, a certificate or license as a Certified Pesticide**

 **Applicator in any other state? YES \_\_\_\_ NO \_\_\_\_**

**If yes, in what state(s)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(7) Has any licensing agency denied, suspended, or revoked your Pesticide Applicator certificate, Registration**

**or license? YES \_\_\_\_ NO \_\_\_\_**

**If yes, explain on a separate sheet.**

**(8) EXPERIENCE IN PEST CONTROL (CLEARLY INDICATE PART-TIME EXPERIENCE AND EDUCATION**

 **WHERE APPLICABLE):**

**If additional space is needed, attach a separate sheet.**

**CURRENT EMPLOYER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address City State Zip Email Telephone Number**

**Employed From \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to Present \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**

**Mo/Yr Mo/Yr**

**Duties: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**FORMER EMPLOYER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address City State Zip Email Telephone Number**

**Employed From \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to Present \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**

**Mo/Yr Mo/Yr**

**Duties: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(9) CATEGORIES AND SUB-CATEGORIES IN WHICH YOU WANT TO BE REGISTERED:**

**(See last page for definitions).**

 **00 CORE \_\_\_\_\_**

**CERTIFICATION OF APPLICANT**

**This is to certify that the above information is true and accurate to the best of my knowledge and that I agree to comply with the provisions of the District of Columbia Pesticides Operation Act. I understand that falsification of any information on this application is a violation of the District of Columbia Municipal Regulations Title 20, Sec. 2207.4.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Applicant Date**

**TO BE COMPLETED BY EMPLOYING PEST CONTROL OPERATOR:**

**I, the undersigned, certify that the person making this application is doing so with the knowledge and consent of his/her employer.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Owner or Office Manager**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Print Name & Phone Number**

**RETURN THIS APPLICATION TO:**

**Government of the District of Columbia**

**Department of Energy and Environment**

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