

QUALIFIED APPLICATOR CERTIFICATE**County Agricultural Commissioner Staff Waiver Request**

PR-PML-001A-WR (EST. 10/03)

1001 I STREET

SACRAMENTO, CALIFORNIA 95814-2828

(916) 445-4038

FAX - (916) 445-4033

Web site: <http://www.cdpr.ca.gov/>**Type of Waiver Request**
 New Application, Examination Fee Renewal Fee

As County Agricultural Commissioner I certify that _____ meets the requirements for requesting this waiver. This person is a permanent employee of the county agricultural commissioner's office, uses or supervises the use of restricted use pesticides as part of their official duties in a mandated pest control program **and** possesses the appropriate County Agricultural Inspector Biologist Licenses indicated below. A copy of each appropriate license is attached. **(For initial application only.)**

- Pesticide Regulation
- Integrated Pest Management
- Pest Prevention and Plant Regulation

EMPLOYEE SIGNATURE	QUALIFIED APPLICATOR CERTIFICATE NUMBER (For renewal only.)
COUNTY AGRICULTURAL COMMISSIONER NAME	COUNTY
COUNTY AGRICULTURAL COMMISSIONER SIGNATURE	

COUNTY AGRICULTURAL COMMISSIONER OFFICE ADDRESS

CITY	STATE	ZIP CODE
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DPR USE ONLY
 APPROVED **NOT APPROVED** (Explanation below.)

SIGNATURE	TITLE	DATE
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