

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.)
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COUNTY AGRICULTURAL COMMISSIONER NAME	COUNTY
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COUNTY AGRICULTURAL COMMISSIONER SIGNATURE
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COUNTY AGRICULTURAL COMMISSIONER OFFICE ADDRESS

CITY	STATE	ZIP CODE
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DPR USE ONLY
<input type="checkbox"/> APPROVED <input type="checkbox"/> NOT APPROVED (Explanation below.)

SIGNATURE	TITLE	DATE
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