

Attachment 5

PENNSYLVANIA PESTICIDE APPLICATOR AND LICENSING RECORD FORM

Contractor's Current Pennsylvania Pesticide Application Business License #: _____

List of current Pennsylvania Certified Applicator(s)

List a Minimum of One (1) Applicator with at least three (3) years experience.
Applicators experience (Specify projects and the years worked as a certified
pesticide applicator.

Name (first and last)	License No.	Categories	Exp. Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Contractors Name (print)

Contractors Signature

Date