

MISSISSIPPI DEPARTMENT OF AGRICULTURE & COMMERCE

BUREAU OF PLANT INDUSTRY

P.O. BOX 5207, MISSISSIPPI STATE, MS 39762

PHONE: (662) 325-3390 FAX: (662) 325-0397

**PROFESSIONAL SERVICES
REGISTERED TECHNICIAN IDENTIFICATION CARD APPLICATION**

Please complete this application form accurately and legibly. Incomplete or illegible applications will not be processed.

Email completed application to ProfessionalServices@mdac.ms.gov

Date: _____

Original Date of Employment: _____

Applicant's Full Name: _____
First Middle Last

Company Name: _____

Company Physical Address: _____
Street City State ZIP

Company Mailing Address (if different): _____
Street City State ZIP

Company Email (required): _____

Name of License/Permit Holder for Company (required): _____

Select work category(ies) to be included on the Identification Card by checking applicable box(es).
 Licensing in all requested categories must be held for this office location.

WORK CATEGORY AND DESCRIPTION		REQUESTED
		Check applicable box(es)
WDI	Wood destroying insect control (Training required)	<input type="checkbox"/>
UP	Control of pests of utility poles	<input type="checkbox"/>
GRC	General pest and rodent control (Training required)	<input type="checkbox"/>
MBF	Mosquito and biting fly control	<input type="checkbox"/>
HCP	Horticultural pest control	<input type="checkbox"/>
ORP	Orchard pest control	<input type="checkbox"/>
DAP	Domestic animal pest control	<input type="checkbox"/>
FUM	Fumigation pest control (Training required)	<input type="checkbox"/>
AGP	Agricultural pest control	<input type="checkbox"/>
AGW	Agricultural weed control	<input type="checkbox"/>
AQW	Aquatic weed control	<input type="checkbox"/>
ROW	Right-of-way weed control	<input type="checkbox"/>
HCW	Horticultural weed control	<input type="checkbox"/>
LSH	Landscape horticulturist	<input type="checkbox"/>
TS	Tree Surgery	<input type="checkbox"/>

I, as the responsible license/permit holder,

- verify that the applicant is a bona fide employee, as defined by Regulation of Professional Services, and has received the classroom and on-the-job training, as required by Chapter 11, Subsection 114.02 and recommended for Subsections 409.02 and 509.02 of these Regulations.
- understand these training records are to remain in our company files for as long as this individual is employed and for one year after the end of individual's employment. I understand the technician shall not perform work in categories not denoted on card, except as a trainee under the direct-on-site supervision of a trainer.
- understand that I am responsible for direct supervision (daily or routine contact), as defined in the Regulations, and must be physically available whenever and wherever needed.

Signature of License/Permit Holder: _____

I, as the applicant,

- verify that I am a bona fide employee, as defined by Regulation of Professional Services, and have received the classroom and on-the-job training, as required by Chapter 11, Subsection 114.02 and recommended for Subsections 409.02 and 509.02 of these Regulations.
- understand that the Registered Technician Identification Card is **not** a license and may only be used to perform those services listed on card for the company represented and must be returned to the employer for return to the Bureau upon termination of employment.

Signature of Applicant: _____