



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF AGRICULTURE
AND RURAL DEVELOPMENT

GARY MCDOWELL
DIRECTOR

Registered Applicator Verification Form

This form is only to document completion of the Temporary Registered Applicator Program implemented during the declared state of emergency issued under Executive Order 2020-04 in response to COVID-19. Any individual who completes the temporary program will effectively become a registered applicator with the State of Michigan and will be issued an official credential by the Michigan Department of Agriculture and Rural Development (MDARD).

A completed and signed copy of this form will serve as the registered applicator's temporary credential until their official credential (plastic card) is issued by MDARD. A copy of this form must be in the possession of the registered applicator while making pesticide applications.

The undersigned trainer must keep a copy of this form on file for at least three years and provide it to MDARD upon request.

This section is to be completed by the MDARD-approved trainer.

By signing below, the trainer of the registered applicator is attesting to the following:

- 1) I am currently a certified applicator with the State of Michigan with at least two years of pesticide application experience.
- 2) I have read and understand the *Guidance for Trainers of Registered Applicators* document.
- 3) I have taken the Registered Applicator Trainer Exam administered by MDARD.
- 4) I have provided core training to the undersigned registered applicator using an MDARD approved training course (i.e. Michigan State University video).
- 5) I have provided the undersigned individual category-specific training in the following categories which I am currently certified in (list all applicable categories): _____

Trainers signature: _____

Trainer's printed name: _____

Date: _____

Trainer's Michigan Certification Number: _____

Date the below individual completed their training program: _____

Date the below individual passed their exam: _____

This section is to be completed by the registered applicator.

By signing below, I am attesting to the following:

- 1) I have received and completed core training.
- 2) I have received and completed category-specific training in the categories listed above.
- 3) I have taken the registered applicator exam and received a score of at least 70%.

Registered applicator's signature: _____

Registered applicator's printed name: _____

Date: _____