

# Michigan Department of Agriculture & Rural Development

**Pesticide & Plant Pest Management Division**

**P.O. Box 30776, Lansing MI 48909**

[www.michigan.gov/mdard](http://www.michigan.gov/mdard)



## COMMERCIAL CERTIFICATION RENEWAL APPLICATION

IN ACCORDANCE WITH ACT 451 PUBLIC ACTS OF 1994 AS AMENDED

AOBJ: 0188

**\*\*\* APPLICATION FEE \$75.00 PAYABLE TO THE STATE OF MICHIGAN \*\*\***

<b>1. Certification #</b>	<b>2. Expires</b>	
<b>3. Applicator Name and Address</b>	<b>4. County</b>	
	<b>5. Home Phone #</b> (   )	<b>Cell Phone #</b> (   )
<b>6. Employer Name and Address</b>	<b>7. Employer Phone #</b> (   )	

8. Are you renewing your certification by reciprocity? Yes  No  If yes, what state? \_\_\_\_\_ Expires \_\_\_\_\_
9. Are you adding any categories? Yes  No  If yes, list category(ies). \_\_\_\_\_
10. Are you deleting any categories? Yes  No  If yes, list category(ies). \_\_\_\_\_
11. List category(ies) that you are renewing by seminar credits. \_\_\_\_\_
12. Please provide your e-mail address: \_\_\_\_\_

13. **Applicator Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Please indicate with an "X" in the appropriate box below those categories that you wish to renew or add for this renewal application:

CO	1A	1B	1C	1D	2	2A	3A	3B	4	5	5A	5B	5C	6	7A	7B	7D	7E	7F	7G	8
9	10	AE	FUM																		

### Recertification Seminar Credit Information

Date of Seminar	Seminar Name	Selected Category	No. of Credits	Eligible Categories
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____