

Commercial



Pesticide Applicator Training Order Form

Complete one form for each person seeking Wisconsin **COMMERCIAL** Pesticide Applicator Certification.

Last Name First Name Middle Initial Date of Birth (mm/dd/yyyy)

Company Name (if applicable) Home / Business or Mobile Phone #

Street Address (REQUIRED. We CANNOT ship to P.O. Boxes) Apt. / Suite / Room #

City State Zip E-mail Address

Base category/Subcategory Registration is required before taking the pesticide applicator certification exam.

Base Category Registration

\$47 for each Base Category

Circle each base category for which you desire certification.

- 1.1 Field & Vegetable
- 1.2 Fruit
- 1.3 Livestock & Poultry
- 2 Forestry
- 3 Turf & Landscape
- 3.1 Greenhouse & Nursery
- 4 Seed Treatment
- 5 Aquatic & Mosquito
- 5.1 Antifouling Paint
- 6 Right of Way
- 7.1 Structural
- 7.2 Space & Commodity Fumigation
- 7.3 Termite
- 7.4 Wood Preservation
- 7.5 Sewer Root
- 11 Companion Animal
- 24 Mixer & Loader

Base Category Registration

Quantity Selected @ \$47 = _____

Subcategory Registration

\$12 for each Subcategory

Circle each subcategory for which you desire certification.

- 9.9 Aerial Application
- 25 Soil Fumigation
- 26 Chemigation

To receive certification in subcategories, you must first be certified in an appropriate base category.

Subcategory Registration

Quantity Selected @ \$12 = \$ _____

Live Review Sessions

\$30 for each session

Check the schedule of review sessions on our website (fyi.extension.wisc.edu/pat/) after November 15 for dates for the following year. Sessions are held January - May. Session fee is non-refundable. DATCP will administer the exam the same day.

Category #	Training Location	Scheduled Date
_____	_____	_____
_____	_____	_____

Live Review Sessions

Quantity Listed @ \$30 = \$ _____

Questions? Contact the Pesticide Applicator Training Program at:



Phone: (608) 262-7588
email: PATprogram@mailplus.wisc.edu
or visit our website at:
fyi.extension.wisc.edu/pat/

OFFICE USE ONLY

Date Rec'd. _____
Ck. No. _____
Ck. \$ _____
PAT # _____

PAYMENT

TOTAL: \$ _____

Make check payable to:
UW-Madison

Mail form and payment to:
Pesticide Applicator Training
Department of Agronomy
1575 Linden Dr.
Madison, WI 53706-1597