



Pesticide Applicator Training Order Form

Complete one form for each person seeking Wisconsin PRIVATE 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

\$30 for each Base Category

Circle each base category for which you desire certification.

- 100**
General Farming
- 104**
Greenhouse & Nursery
- 112**
Fruit Crop

To register for *General Farming* and receive your private applicator training/reference manual, contact your local county UW-Extension office.

Base Category Registration

_____ @ \$30 = \$ _____

Quantity Selected

Subcategory Registration

\$12 for each Subcategory

Circle each subcategory for which you desire certification.

- 111**
Aerial Application
- 107**
Soil Fumigation
- 109**
Chemigation

To obtain certification in subcategories, you must first be certified in either the *General Farming, Fruit Crop, or Greenhouse & Nursery* base category.

Subcategory Registration

_____ @ \$12 = \$ _____

Quantity Selected

Live Review Sessions

Training Sessions are not available for subcategories.

Live Review Sessions for General Farming

Please contact your local county UW-Extension office to register for available current *General Farming* training session and exam schedules.

Live Training Sessions for Fruit Crops

Please contact your local county UW-Extension. Some counties will hold Fruit Crop trainings in association with conferences and other events. Please contact your county Extension office to identify if one is available near you.

PAYMENT TOTAL: \$ _____

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 # _____

**Make check payable to:
UW-Madison**

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