



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) _____ Best Contact Phone Number _____

Street Address _____ Apt. / Suite / Room # _____

City _____ State _____ Zip Code _____ Email Address _____

Base Categories — \$53 each		
Circle each base manual you wish to purchase.		
1.1 Field & Vegetable Crops	4.0 Seed Treatment	7.3 Termite Control 7.4
1.2 Fruit Crops	5.0 Aquatic & Mosquito	Wood Preservation 7.5
1.3 Livestock & Poultry 2.0	5.1 Antifouling Paint	Sewer Root Control 11.0
Forestry	6.0 Right-of-Way & Natural Areas	Companion Animals 24.0
3.0 Turf & Landscape	7.1 Structural Pest Control	Mixer / Loader
3.1 Greenhouse & Nursery	7.2 Space & Commodity Fumigation	

Base Category Manuals

_____ @ \$53 = _____
Quantity Circled

Subcategories — \$20 each		
Circle each subcategory manual you wish to purchase.		
9.9 Aerial Application	25.0 Soil Fumigation	26.0 Chemigation

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

Subcategory Manuals

_____ @ \$20 = _____
Quantity Circled

Live Training / Review Sessions — \$35 each		
Check the schedule of review sessions on our website (fyi.extension.wisc.edu/pat/) after November 15 for dates for the following year. Session fee is non-refundable. DATCP will administer the certification exam the same day.		
Category #	Training Location	Scheduled Date
_____	_____	_____
_____	_____	_____

Training Sessions

_____ @ \$35 = _____
Quantity Listed

Payment Total \$ _____

Questions?

Contact the Pesticide Applicator Training Program
Phone: (608) 262-7588
Email: PATprogram@mailplus.wisc.edu
Website: fyi.extension.wisc.edu/pat/

Make check payable to: UW-Madison

Mail form and payment to:
PAT Program
UW-Madison Division of Extension
3500 University Ave.
Madison, WI 53705

Please Note: UW-Madison requires a completed W-9 form to issue refunds for items paid by check. Refunds will be issued by check to the original payor.