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| DARM-BACM-026.dåcx rev. 05/2023 |
|  | Wisconsin Department of Agriculture,Trade and Consumer ProtectionDivision of Agricultural Resource ManagementP.O. Box 8911Madison, WI 53708-8911608-224-4548 DATCPpestcideinfo@wi.gov | For Office Use Only |
| Approval/Disapproval Mailed: Click here to enter text. |
| Temporary Certification Number: Click here to enter. |
| End Date: Click or tap to enter a date. |

Temporary Commercial Applicator Trainee Registration

 Wisconsin Administrative Code ch. ATCP 29.32

A licensed Commercial Pesticide Application Business may register an employee being trained in preparation for commercial pesticide applicator certification and licensing. A registered trainee may use pesticide if those activities are reasonably necessary for the training. The employer, on-site supervisor, and the registered trainee agree to abide by all of the conditions stated on this form and in ch. ATCP 29.32, Wis. Admin. Code. A trainee registration takes effect when the registration is dated and properly filed with the department.

Temporary trainee registration expires 30 days after the effective date of registration.

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| PART A - ELIGIBILITY LIMITS |

* No employer may register a trainee more than once in the same commercial pesticide certification category.
* No person may be registered as a trainee to use, mix, or load any pesticide in any commercial pesticide certification category in which that person has failed to renew a prior commercial certification.

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| PART B - RESTRICTIONS ON TRAINEE USE OF PESTICIDES |

A trainee:

* May only use a pesticide under the direct, on-site supervision of the licensed Individual Commercial Pesticide Applicator(s) listed on this form.
* May only engage in a category of pesticide use which has been identified on this form.
* May not use or purchase any restricted-use pesticide product.
* May not direct the use of pesticides by others.
* May not engage in any aquatic and mosquito pest control under ch. ATCP 29.32 (2)(e) and ATCP 29.31(8).
* May not use any fumigant, or apply any pesticide by aircraft or chemigation.

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| EMPLOYER’S DECLARATION |

As the trainee's employer, or a responsible officer of the employer, I declare that the trainee under this registration meets the eligibility requirements under PART A - ELIGIBILITY LIMITS, and will operate in accordance with PART B - RESTRICTIONS ON TRAINESS USE OF PESTICIDES. As the trainee's employer I declare that:

1. I am preparing the trainee for commercial pesticide applicator certification and licensing.
2. I assume complete responsibility for the trainee's use of pesticides during the training period.
3. The training provided by the employer must comply with the restrictions under PART B.
4. Trainee is at least 16 years old.
5. Trainee can understand and follow oral instructions.
6. Trainee can read and comprehend written instructions, including pesticide labels and labeling.
7. Trainee can carry out assignments and instructions in a responsible manner.
8. Trainee is capable of using pesticides as a trainee, under direct on-site supervision.

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| Click here to enter name. |  | Click here to enter text. |
| Print – Employer Name |  | Position |
| Click here to enter employer electronic signature. |  | Click or tap to enter a date. |
| Employer Signature (e-Signature) |  | Effective Date of Registration |

Personal information you provide may be used for purposes other than that for which it was originally collected (s. 15.04(1)(m), Wis. Stats.).

Completion of this form is required to obtain Temporary Commercial Applicator Trainee Registration [ss. 15.04(1)(m) and Wis. Admin. Code ch. ATCP 29.32(4)].

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| TRAINEE REGISTRATION (Print Legibly) |
| TRAINEE NAMELast name, first name, please. | SOCIAL SECURITY NUMBER**Fill out and attach Request for Social Security Number (SSN) form (See below)\***  | DATE OF BIRTHClick to enter a date. |
| STREETClick here to enter street address. | CITYClick to enter city. | STATEState | ZIPZip |
| COUNTYClick here to enter county. | PHONE:Format xxx-xxx-xxxx | E-MAILClick here to enter email. |
| PESTICIDE USE CATEGORY(S)Click here to enter pesticide use categories. Please separate with a comma. |

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| TRAINEE Signature: | Trainee, click here to add signature |  | Date: | Click to add date. |

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| EMPLOYER INFORMATION |
| BUSINESS NAMEClick here to enter business name. | BUSINESS LOCATION LICENSE NUMBER 93 –Click here to enter text. |
| STREETClick here to enter street address. |  CITY Click to enter city. | STATEState | ZIPZip |
| PHONE:Format xxx-xxx-xxxx | E-MAILClick here to enter email. |

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| PESTICIDE(S) WHICH MAY 1 WILL BE APPLIED BY TRAINEE |
| PRODUCT NAME  | EPA REGISTRATION NUMBER |
| Click here to enter product name. | Click here to enter EPA Registration Number. |
| Click here to enter product name. | Click here to enter EPA Registration Number. |
| Click here to enter product name. | Click here to enter EPA Registration Number. |

Attach additional pages as needed

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| APPLICATOR(S) RESPONSIBLE FOR ON-SITE SUPERVISION OF APPLICANT |
| LICENSED APPLICATOR'S COMPLETE NAMELast name, first name, please. | INDIVIDUAL LICENSE NUMBERClick here to enter text. |
| CERTIFICATION NUMBERClick or tap here to enter certification number. | CERTIFICATION EXPIRATION DATEClick to enter a date. |
| PESTICIDE USE CATEGORY (OR CATEGORIES)Click here to enter pesticide use categories. Please separate with a comma. |

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| APPLICATOR Signature: | Applicator, click here to add signature |  | Date: | Click to add date. |

TRAINEE:

* Save a copy of this application.
* Trainees must have a copy of this application on their person when making pesticide applications.

EMPLOYERS: Save a copy this application to serve as a receipt for your records.

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| **Email or Mail Completed Forms to:** | DATCPPesticide Certification and Licensing ProgramP.O. Box 8911Madison, WI 53708-8911 | datcppesticideinfo@wi.gov |

SUMMARY SUSPENSION OR REVOCATION. The department may by written notice, without prior notice or hearing, summarily suspend or revoke a trainee registration if the department finds a violation of this section, or determines that any information in the registration is false.

\*Trainee’s Social Security Number is required to determine whether this registration should be denied, not renewed, suspended or restricted for failure to make certain court-ordered family support payments [s. 93.135 (3), Wis. Stats.]. If you do not have a Social Security Number, you must complete the form found at the following link and submit it to DATCP: <https://dcf.wisconsin.gov/files/forms/pdf/2462.pdf> [s. 93.135 (1m), Wis. Stats.].

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| DARM-BACM-007 (Rev. 6/2023) |
|  | Wisconsin Department of Agriculture, Trade and Consumer ProtectionDivision of Agricultural Resource ManagementPO Box 8911Madison WI 53708-8911Phone: (608) 224-4500 | For Office Use Only |
| License Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date received:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Request for Social Security Number (SSN)** [*s. 93.135, Wis. Stat.*] |
| **PLEASE READ THIS IMPORTANT NOTICE****PLEASE COMPLETE THIS FORM, ATTACH IT TO THE APPLICATION, AND RETURN IT TO THE ADDRESS LISTED ON THE APPLICATION.** |
| Except as provided in s. 93.135(1m), Wis. Stats., Wisconsin law requires the Department of Agriculture, Trade and Consumer Protection (DATCP) to collect Social Security Numbers (SSNs) from each individual applicant as a condition of applying for an certain licenses, registrations, certificates of registration, permits and certifications. DATCP is required by law to provide the SSNs collected to the Department of Children and Families (DCF).Under s. 93.135(2), Wis. Stats., collected SSNs are CONFIDENTIAL. DATCP will handle and protect the confidentiality of SSNs in accordance with its Security of Personally Identifiable Information Policy.Please do not substitute a Federal Employer Identification Number (FEIN) for your SSN, even if you are an individual who holds both numbers.If you are an individual applicant **without an SSN**, you must complete the DCF Application and Affidavit form found [here](https://dcf.wisconsin.gov/files/forms/pdf/2462.pdf). The form requires you to state under oath or affirmation that you do not have an SSN. A license issued in reliance on a false statement is invalid. |
|  **1. Individual’s Complete Legal Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **First Middle Last** |
|  **2. Social Security Number:** -- |
| To the extent allowable by law, the information provided on this form will be shared only with DCF and will not be used by DATCP for any purpose other than that for which it was collected [ss. 15.04(1)(m) and 93.135(2), Wis. Stats.]. Completion of either this form or the DCF Application and Affidavit form is **required** to complete your application [s. 15.04(1)(m), Wis. Stats.]. |