RESUME FORM

Individuals whom have two or more years of experience as a pesticide applicator in another state are also required to pass the Massachusetts Applicator License (core) exam. They are NOT; however, required to wait the additional two-years to upgrade their credential to one with certification categories. Such individuals should submit the below resume form with their Commercial Certification Exam Application after they have received their Applicator License.

(PLEASE TYPE OR PRINT CLEARLY)

NAME: _____
LAST FIRST MI

STREET ADDRESS: _____
STREET APT #

_____
CITY STATE ZIP

COMPANY/EMPLOYER: _____
(If Any)

Signature _____Date_____

All of the information on this form is true and complete to the best of my knowledge

Please mark with a check [√] the ***one*** category you intend to become certified in:

Category	MA State Code	Category	MA State Code
☐ Aerial	34	☐ Mosquito and Biting Fly Control	47
☐ Agriculture	33	☐ Regulatory	48
☐ Aquatic	39	☐ Right of Way	40
☐ Demonstration and Research	49	☐ Shade Tree and Ornamental	36
☐ Food Processing	50	☐ TBT	54
☐ Forest	35	☐ Termite/Structural Pest Control	43
☐ Fumigation	42	☐ Turf	37
☐ General Pest Control	41	☐ Vertebrate Pest Control	44
☐ General Public Health	46	☐ Wood Preservative	52

License History

(Attach additional sheets if necessary)

List or write in the years and categories you have held a certification or license in Massachusetts or another state.

Years Certified/Licensed	State(s)	Categories of Certification

Education History

Name of College(s) or
Technical school(s) attended_____

☐ one year ☐ four year ☐ certificate program ☐ Other_____

Year graduated_____ Degree_____ Major_____

Please Enclose verification (i.e. copy of diploma, transcripts, etc.)

♦ *Additional educational credit may be given for seminars, short courses, correspondence courses, conferences or training meetings that are pertinent to the category(ies) for which you are applying providing attendance is verified. Enclose copies of course descriptions and Certificates of Attendance.*

Pesticide Related Work History Experience

(Attach additional sheets if necessary)

Company/Employer _____Dates Employed_____
Address_____

Supervisor's Name and
Address_____
(if different from above)

_____

Licensed in Category(ies)_____