



# Commercial Applicator Pesticide Use Summary Report

**DEEP USE ONLY**

Date: \_\_\_\_\_

Print *in ink* or type unless otherwise noted. Retain a copy for your records.

***This form must be submitted on or before January 31<sup>st</sup> for pesticide applications made during the preceding calendar year.***

## Part I: Pesticide Certified Supervisor Information

1. Name of Certified Supervisor:  
 Mailing Address:  
 City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Business Phone: \_\_\_\_\_ ext. \_\_\_\_\_ Fax: \_\_\_\_\_  
 \*E-mail: \_\_\_\_\_  
 Supervisory Certification No. \_\_\_\_\_ Arborist Certification No. \_\_\_\_\_  
 Please check here if your home address has changed since your last submittal.

2. Name and Address of Business:  
 Mailing Address:  
 City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Business Phone: \_\_\_\_\_ ext. \_\_\_\_\_ Fax: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_  
 \*E-mail: \_\_\_\_\_  
 Please check here if your business address has changed since your last submittal.

\*By providing this e-mail address you are agreeing to receive official correspondence from the department, at this electronic address, concerning the subject application. Please remember to check your security settings to be sure you can receive e-mails from "ct.gov" addresses. Also, please notify the department if your e-mail address changes.

## Part II: Reporting Period

1. This report covers the period from January 1, \_\_\_\_\_ to December 31, \_\_\_\_\_

2.  Check this box if pesticide usage by the above named supervisor has been reported by another Certified Supervisor and provide that individual's name and certification number.  
 Name: \_\_\_\_\_ Supervisory Certification No. \_\_\_\_\_

3.  Check this box if ***no pesticides were applied*** during the above reporting period. If so, you must still complete and submit the remaining parts of this form, with the exception of Part IV.



## Part V: Certification of Accuracy

"I have personally examined and am familiar with the information submitted in this document and all attachments thereto, and I certify that based on reasonable investigation, including my inquiry of those individuals responsible for obtaining the information, the submitted information is true, accurate and complete to the best of my knowledge and belief. I understand that a false statement in the submitted information may be punishable as a criminal offense, in accordance with Section 22a-6 of the General Statutes, pursuant to Section 53a-157b of the General Statutes, and in accordance with any other applicable statute."

\_\_\_\_\_  
Signature of Certified Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Certified Supervisor

\_\_\_\_\_  
Title

Mail completed Commercial Applicator Pesticide Use Summary Report to:

PESTICIDE MANAGEMENT PROGRAM  
ENGINEERING AND ENFORCEMENT DIVISION  
BUREAU OF MATERIALS MANAGEMENT AND COMPLIANCE ASSURANCE  
DEPARTMENT OF ENERGY AND ENVIRONMENTAL PROTECTION  
79 ELM STREET  
HARTFORD, CT 06106-5127