



West Virginia Department of Agriculture
 Pesticide & Environmental Services Division
 1900 Kanawha Blvd., East
 Charleston, WV 25305-0190

For Office Use Only

Batch Number 6696-9552

License Number _____

Registered Technician Application

NOTICE: All Registered Technician cards will be mailed to the company providing training for this application. Within 30 days of termination from this company, the Technician must surrender this card to our office.

Name _____

Birthdate (MM/DD/YYYY) ____/____/____ Social Security Number _____ - _____ - _____

Employed By _____ Company's *LPAB or RPAB # _____

Company Address _____ County _____

City _____ State _____ Zip Code _____

Telephone Number _____ Fax Number _____

Have you been licensed as a Registered Technician in West Virginia before? No Yes # _____

Employees who terminate and then return to Registered Technician status with the same company must take the Registered Technician exam.

Initial Registered Technician Training

*You must complete all information below.

RT Program Approval Number _____

RT Program Completion Date _____

Instructor's Name (Please Print) _____

Instructor's WV Certification Number _____

Instructor's Signature _____

Place a copy of applicant's driver's license in this space.

Circle the category(ies) for which you have received training.

- | | | |
|--------------------------------------|---|-------------------------------|
| 1 - Agricultural Plant Pest Control | 8A - General Pest Control | 11 - Demonstration & Research |
| 2 - Agricultural Animal Pest Control | 8B - Structural Pest Control | 15 - Sewer Root Control |
| 3 - Forest Pest Control | 8C - General Fumigation | |
| 4 - Ornamental & Turf | 8D - Wood Preservation & Wood Treatment | |
| 5 - Seed Treatment | 8E - Urban IPM | |
| 6 - Aquatic Pest Control | 9 - Public Health | |
| 7 - Right-of-Way/Industrial Weed | 10 - Regulatory | |

I hereby certify that I have completed the Registered Technician Pesticide Training Program as approved by WVDA or passed the Registered Technician Exam.

Signature of applicant: _____

This technician will work under the supervision of our Commercial/Public Applicator listed below:

Applicator (Name): _____ Applicator License #: _____ Email: _____

I hereby affirm by my signature that this applicant has been provided adequate training in the category(ies) specified above and has demonstrated competency in the proper use of pesticides.

FEE: A \$20.00 licensing fee and current government issued photo ID for this applicant must accompany this application; no fee for state or government agencies.

*Licensed Pesticide Application Business
 Regulated Pesticide Application Business

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REGISTERED TECHNICIAN EXAMINATION RESULTS

Exam Date: _____ Exam Score: _____

Revised 06/2026