IST

Oregon Department of Agriculture
Pesticides Division
(503) 986-4635

Form date 11/12

Immediately Supervised Pesticide Trainee (IST) - Please Print Clearly

License #
AG-L IST

Name

Last, First, M.I. _____

Mailing

Address _____

City, State, Zip _____

Home

Address _____

City, State, Zip _____

Home Phone _____ Cell Phone _____

Email _____

AS AN IMMEDIATELY SUPERVISED PESTICIDE TRAINEE, I UNDERSTAND THAT:

- **I must work under the supervision of a licensed pesticide applicator.**
- **I must work ONLY in the specific categories identified on my supervisor's pesticide applicator license.**
- **The supervising applicator must be on-site at all times when I am making a pesticide application.**
- **I must record both my name and license number and the name and license number of my supervising applicator on all pesticide application records.**
- **I must receive training from my supervisor.**

I AGREE TO COMPLY WITH ALL LAWS AND REGULATIONS PERTAINING TO THIS LICENSE. I WILL NOTIFY THE OREGON DEPARTMENT OF AGRICULTURE IMMEDIATELY SHOULD ANY INFORMATION ON THIS APPLICATION CHANGE. LICENSE EXPIRES DECEMBER 31.

Signature _____

Date (M/D/Y) ____ / ____ / ____

Total Due **$50**

Trainee Social Security # ____ - ____ - ____ Date of Birth (M/D/Y) ____ / ____ / ____

For Checks or Money Orders, mail to:
Oregon Department of Agriculture
PO Box 4395, Unit 17
Portland OR 97208-4395

For Credit Card Charges, mail or fax to:
Oregon Department of Agriculture
635 Capitol St. N.E.
Salem OR 97301-2532

Secure Fax
(503) 986-4746

Make checks payable to Oregon Department of Agriculture. All dishonored checks or electronic payments will incur a $25 administrative fee per ORS 30.701.

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