

Arizona Department of Agriculture
 Environmental Services Division
 1688 W. Adams Phoenix, AZ 85007
 Phone: 602-542-0904 Fax: 602-542-0466

For ADA Use Only
License No. PUG: _____
Check #: _____
Check Amount: _____
Line Number: _____

CERTIFIED APPLICATOR – GOLF (PUG) Restricted Use Certification NEW APPLICATION
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Fee Schedule

Golf Course Applicator: \$100

Applicant Name*: _____ **Government Employee*:** Yes No

Social Security No*: _____ **Email Address:** _____

Mailing Address*: _____ **City*:** _____ **State*:** _____ **Zip*:** _____

Daytime Phone*: _____ **Cell Phone:** _____ **Fax:** _____

Employer*: _____ **Email Address:** _____

(If self-employed, use business name or full name)

Employer:

Mailing Address*: _____ **City:** _____ **State:** _____ **Zip:** _____

Physical Address*: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone: _____ **Fax:** _____

Have you ever had a similar certification revoked, suspended, or denied in this or any other jurisdiction during the last three years? Yes No.

If YES, please explain: _____

All items identified with an (*) must be completed. Applications that do not contain the required information will not be processed.

ADA USE ONLY TEST DATA			
Test Date	Test Code	Test Category	Test Score
	A3	PUG – Core	
	B2	Ornamental & Turf (Golf)	
	E2	Aquatic – (Golf)	
	S2	Fumigation – (Golf)	

Pursuant to A. A. C R3-3-208 (C)(1) - Fumigation certification requires certification as a private applicator, a golf applicator, or a commercial applicator.

Return this application along with the indicated fee to the address above. Please make check or money orders payable to the Arizona Department of Agriculture-ESD. The Department is required by law to process this application within 77 days from the date received. However, our goal is to process the application as timely as possible, normally this takes less than 14 days. Please do not send cash! Incomplete applications or applications with incorrect funds will be returned.

The undersigned hereby makes application for a certified private applicator license, pursuant to A.R.S.3-363.10(h). By my signature below I agree to conduct business as a certified applicator pursuant to Title 3, Arizona Revised Statutes and Rules adopted thereto. The information contained in this application is true and accurate. I understand providing false information in the State of Arizona is a felony.

Signature: _____ **Date:** _____