UW-Madison Pesticide Applicator Training Program



Private Pesticide Applicator Training Order Form

Complete one form for <u>EACH</u> person seeking Wisconsin PRIVATE Pesticide Applicator Certification.

Last Name		First Name Middle Init		tial	Date of Birth (mm/dd/yyyy	of Birth (mm/dd/yyyy)	
Company Name (if applicable) Best					Best Contact Phone Number	Contact Phone Number	
Street Address					Apt. / Suite / Room #		
City	State Zip Code				Email Address		
	(Circle each	Base Categories subcategory man		purchase.	Base Category M	Ianuals	
100 Genera	al Farming	104 Greenhoເ	use & Nursery	112 Fruit Crops	Quantity @ \$43 =		
Subcategories — \$20 each Circle each subcategory manual you wish to purchase.						Subcategory Manuals Quantity Circled Enter desired training date & location:	
111 Aerial Application 107 Soil Fumigation 109 Chemigation *To get certified in subcategories, you must first be certified in one of the base categories above.*					Enter desired tra		
County H You can c at the PAT Or call the	@ \$10 -						
Online training Registration Fruit Crop or test of the ma	on in Payment						

Questions?

Contact the Pesticide Applicator Training Program

Phone: (608) 262-7588

Email: patprogram@mailplus.wisc.edu Website: fyi.extension.wisc.edu/pat/ Make check payable to: UW-Madison

Mail form and payment to:
Pesticide Applicator Training Program
1575 Linden Dr.
Madison, WI 53706-1597