



DATE

A SEPARATE FORM MUST BE COMPLETED FOR EACH EMPLOYER WITH WHICH YOU HAVE GAINED EXPERIENCE.

I, _____
 (APPLICANT'S NAME)

have gained _____ months of experience within the last three (3) years.

The experience was as an (check the classification(s) which describe your job duties):
 Applicator Salesperson Inspector; in the category(ies) listed below.

CHECK THE APPROPRIATE CATEGORIES
 7A-General Structural Pest Control 7B-Termite Pest Control 7C-Fumigation Pest Control

| | |
|---|--------------------------------------|
| START DATE | END DATE |
| NAME OF COMMERCIAL APPLICATOR WHO PROVIDED DIRECT SUPERVISION | COMMERCIAL APPLICATOR LICENSE NUMBER |

EXPERIENCE GAINED IN THE STATE OF

EMPLOYED WITH

BUSINESS ADDRESS

| | | |
|------|-------|----------|
| CITY | STATE | ZIP CODE |
|------|-------|----------|

I AFFIRM THAT THE ABOVE STATEMENT IS TRUE TO THE BEST OF MY KNOWLEDGE.

| | | |
|---|----------------|-----------------|
| APPLICANT'S SIGNATURE | LICENSE NUMBER | EXPIRATION DATE |
| COMMERCIAL APPLICATOR'S SIGNATURE REQUIRED IF WITH SAME COMPANY | LICENSE NUMBER | EXPIRATION DATE |

THIS FORM MUST BE SIGNED AND NOTARIZED BY A NOTARY PUBLIC.

STATE OF

COUNTY OF

On this _____ day of _____ in the year _____, before me, the undersigned notary public, personally appeared _____, known to me to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledge that he/she/they executed the same for the purposes therein contained. In witness thereof, I hereunto set my hand and official seal. (SEAL)

NOTARY PUBLIC SIGNATURE