



ARIZONA

Janet Napolitano
Governor

Office of Pest Management

Ellis M. Jones
Acting Director

9535 E. Doubletree Ranch Road
Scottsdale, Arizona 85258-5514
(602) 255-3664 - (602) 255-1281 fax
<http://www.sb.state.az.us>

VERIFICATION OF PRACTICAL EXPERIENCE *

PAGE 1 OF 2

Please verify practical experience as referenced in A.R.S. § 32-2314(C)(2) and A.A.C. R4-29-204 (C).

Applicant: _____ **Title of Applicant:** _____

The above individual has applied to the Arizona Office of Pest Management for a license. If you have any question or concerns with regards to this document please contact the Office of Pest Management.

Employer: _____ **OPM Bus. License #:** _____ (if applicable)

Dates of Employment: From: ____/____/____ **To:** ____/____/____

Be very detailed and specific in defining job duties in each category. Merely being licensed does not constitute practical experience. Only list total hours worked in each category within five (5) years immediately preceding this application. Excessive hours within (5) year period must be explained.

Use additional sheets if necessary

Hours within preceding (5) years

B1 General & Public Health Pest Management: _____

B2 Management of Wood Destroying Insects: _____

B3 Right-of-Way & Weed Management: _____

B4 Fumigation: _____

VERIFICATION OF PRACTICAL EXPERIENCE *

Please verify practical experience as referenced in A.R.S. § 32-2314(C)(2) and A.A.C. R4-29-204 (C).

Use additional sheets if necessary

Hours within preceding (5) years

B5 Turf & Ornamental Horticulture Pest Management _____

B6 Antimicrobial Pest Management: **(UNAVAILABLE)**

B7 Fungi Inspection: _____

B8 Wood-Destroying Insect Inspection: _____

B9 Aquatic Pest Management: _____

I hereby make the above statement to the Arizona Office of Pest Management as a statement of fact for the official record of State, as a true and correct statement.

Print NAME of Verifying Authority: _____

Print TITLE of Verifying Authority: _____

Signature of Verifying Authority: _____ **Date:** _____

Telephone # of Verifying Authority: (_____) _____ - _____

I, _____ (Name of person verifying experience)

swear or affirm that the contents of this document are true and correct.

State of _____)

)

County of _____)

Subscribed and sworn (or affirmed) before me this _____ day of _____, 20_____

(seal)

Signature of Notary Public