

**PROFESSIONAL SERVICES REGISTERED TECHNICIAN IDENTIFICATION CARD APPLICATION**  
**FOR REGISTERING EMPLOYEES WHO ARE NOT LICENSED OR PERMITTED IN MISSISSIPPI**  
**MISSISSIPPI LICENSED OR PERMITTED INDIVIDUALS DO NOT COMPLETE THIS FORM**  
**MAIL OR FAX APPLICATION TO: BUREAU OF PLANT INDUSTRY, P. O. BOX 5207, MISSISSIPPI STATE, MS 39762**  
**FAX. 662-325-0397, PHONE 662-325-3390**      **LEGIBLY PRINT OR TYPE**

DATE OF APPLICATION \_\_\_\_\_ SOCIAL SECURITY # (MANDATORY-SEE NOTE) \_\_\_\_\_

ORIGINAL DATE OF EMPLOYMENT (MM-DD-YYYY) \_\_\_\_\_

APPLICANT'S FULL LEGAL NAME (FIRST-MIDDLE-LAST) \_\_\_\_\_

APPLICANT'S HOME ADDRESS (CITY ONLY) \_\_\_\_\_ (STATE) \_\_\_\_\_

COMPANY NUMBER AS ASSIGNED BY BUREAU: \_\_\_\_\_

LEGAL NAME OF COMPANY: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

OFFICE WHERE THIS EMPLOYEE WILL BE DIRECTLY SUPERVISED (SEE DIRECT SUPERVISION DEFINITION IN REGULATIONS):

(PHYSICAL ADDRESS) \_\_\_\_\_ (CITY) \_\_\_\_\_ (STATE) \_\_\_\_\_ (ZIP) \_\_\_\_\_

NAME OF RESPONSIBLE LICENSE OR PERMIT HOLDER FOR ABOVE OFFICE: \_\_\_\_\_

OFFICE WHERE CARD IS TO BE MAILED IF DIFFERENT FROM PHYSICAL ADDRESS (IF SAME, STATE SAME):

(MAILING ADDRESS) \_\_\_\_\_ (CITY) \_\_\_\_\_ (STATE) \_\_\_\_\_ (ZIP) \_\_\_\_\_

**PHOTOS ARE NO LONGER REQUIRED. DO NOT SEND**  
**A VALID FORM OF PHOTO IDENTIFICATION AND THE REGISTERED TECHNICIAN IDENTIFICATION CARD**  
**MUST BE AVAILABLE FOR BUREAU INSPECTORS' REVIEW DURING INSPECTIONS**

**Denote work categories to include on identification card. Mark with X. Licensing in all requested categories is held for this office location.**

MARK WITH X	NEW DESIGNATION	OLD DESIGNATION	DESCRIPTION OF CATEGORIES	TRAINING
	WDI	1	Wood destroying insect control	Required (See subsection 114.02 of Regs.)
	UPL	(1)	Control of pests of utility poles	Recommended, but not required
	GRC	2	General pest and rodent control	Required (See subsection 114.02 of Regs.)
	MBF	Not applicable	Mosquito and biting fly control	Recommended, but not required
	HCP	3	Horticultural pest control	Recommended, but not required
	ORP	5 and 8	Orchard pest control	Recommended, but not required
	DAP	6	Domestic animal pest control	Recommended, but not required
	FUM	9	Fumigation pest control	Required (See subsection 114.02 of Regs.)
	AGP	10	Agricultural pest control	Recommended, but not required
	AGW	A	Agricultural weed control	Recommended, but not required
	AQW	B	Aquatic weed control	Recommended, but not required
	ROW	C	Right-of-way weed control	Recommended, but not required
	HCW	D and E	Horticultural weed control	Recommended, but not required
	LSH	7	Landscape horticulturist	Recommended, but not required
	TS	4	Tree surgery	Recommended, but not required

I, as responsible license or permit holder, and I, as applicant, verify that the applicant is a bona fide employee, as defined by Regulation of Professional Services, and has received the classroom and on-the-job training, if required, by Chapter 11, Subsections 114.02, 409.02 and 509.02 of these Regulations. I, as responsible license or permit holder, understand these training records (if required) are to remain in our company files for as long as this individual is employed and for one year after the end of individual's employment. I understand the technician shall not perform work in categories not denoted on card, except as a trainee under the direct-on-site supervision of a trainer. I, as responsible licensee or permit holder, understand that I am responsible for direct supervision (i.e., daily or routine contact), as defined in the Regulations, and must be physically available whenever and wherever needed. I, as applicant, understand that the Registered Technician Identification Card is not a license and may only be used to perform those services listed on card for the company represented and must be returned to the employer for return to the Bureau upon termination of employment.

\_\_\_\_\_  
 SIGNATURE OF RESPONSIBLE LICENSE OR PERMIT HOLDER (REQUIRED)

\_\_\_\_\_  
 SIGNATURE OF APPLICANT (REQUIRED)

**DO NOT WRITE IN THIS SPACE. FOR USE BY BUREAU OF PLANT INDUSTRY**

OFFICE LOCATION IS VALID	_____ YES _____ NO	ID # ASSIGNED BY BUREAU _____
VALID LICENSE/PERMIT HOLDER FOR THIS OFFICE	_____ YES _____ NO	
REQUESTED VALID WORK CATEGORIES FOR THIS OFFICE	_____ YES _____ NO	DATE ISSUED _____
IF APPLICABLE, PREVIOUS RTID CARD RETURNED	_____ YES _____ NO	
APPROVED FOR ISSUE	_____ YES _____ NO	ISSUED BY _____

**INCOMPLETE, INVALID OR ILLEGIBLE APPLICATIONS WILL BE RETURNED**

Note: The disclosure of your social security number is mandatory under the authority of Miss. Code of 1972, §93-11-64. Your number will be used for child support enforcement. *Form Revised February, 2012*