

**New York State Department of Environmental Conservation
Voluntary Surrender Of
Certified Pesticide Applicator/Technician's Certification**

I, _____ (Certified Pesticide Applicator or Technician), do hereby surrender my Certified Pesticide Applicator or Technician's Certification number: _____, to the New York State Department of Environmental Conservation, Division of Materials Management, Bureau of Pesticides Management. I have attached my Certification ID Card below if it is still in my possession.

I fully understand that upon surrendering my certified pesticide applicator/technician's certification I am no longer certified to engage in the commercial or private application of pesticides in the State of New York, unless under the direct supervision of a fully certified pesticide applicator.

I further understand that if I was the sole certified pesticide applicator/technician employed by a business or agency providing commercial application of pesticides (a "pesticide business" as defined in ECL §33-0101) as of the date on which I surrender my certification, that the registration of said pesticide agency or business with the Department shall be revoked upon surrender of my certified pesticide applicator or technician's certification.

I acknowledge that as a Commercial Pesticide Applicator Technician, I am responsible for filing a final Pesticide Applicator/Technician Pesticide Annual Report for the current year if I made pesticide applications.

Dated: _____
Signature of Certified Pesticide Applicator or Technician

State of _____

County of _____

On this _____ day of _____ 20____, before me personally came _____ to me known, who being by me duly sworn did depose and say that (s)he resides at _____ and that (s)he is the individual described herein and executed the foregoing.

Notary Public Signature

Mail this form and your certification ID card to:

NYSDEC Pesticide Reporting & Certification Section
625 Broadway 9th Floor
Albany, NY 12233-7254

Please attach your certification ID card here.
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