



# Arizona Department of Agriculture

## Office of Pest Management

1688 W. Adams Street, Phoenix, Arizona 85007

(602) 542-3578 FAX (602) 542-0466

<http://agriculture.az.gov>

### **Qualifying Party Registration for a School District** **Application Requirements**

#### Complete Application –

**About the QA:** including the Qualified Applicators Full Name, Arizona OPM Qualified Applicator Certification #, Home Address, Mailing Address, Telephone Number, Email Address, Date of Birth, Social Security #, Certification Category(s) which are being applied to register, Signature and Date.

**School District Information:** including the School District Name, Telephone Number, Fax number, Physical Address, Mailing Address, Email Address (if Applicable), Chemical Storage Address, and Signature of Authorized Individual & Date.

**The Process –** Once the application is both administratively and substantively complete, the application will be approved and processed immediately.

The Qualifying Party will be registered and the School District will be issued with a fictitious business license number (for applicator registration purposes). The QP and School District will be provided with a "My OPM" for Business Log-in and Password, which is used to manage the School District's OPM profile and register applicators.

The applicant must complete/provide all of the following in order to be considered complete:

- Complete Qualifying Party Registration for a School District Application



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### Qualifying Party Registration for a School District Application

#### Fee Schedule:

New Qualifying Party Registration - \$0.00

Broaden Qualifying Party Registration - \$0.00

#### Qualifying Party:

Full Legal Name: \_\_\_\_\_ Qualified Applicator Certification#: \_\_\_\_\_  
(REQUIRED - First Name, Middle Name, Last Name – NO INITIALS)

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

#### For Qualifying Party Registration -- Please designate appropriate categories:

<input type="checkbox"/> Industrial & Institutional	<input type="checkbox"/> Ornamental & Turf	<input type="checkbox"/> Fumigation
<input type="checkbox"/> Wood-Destroying Organism Treatment	<input type="checkbox"/> Right-of-Way	<input type="checkbox"/> Wood Preservation
<input type="checkbox"/> Wood-Destroying Insect Inspection	<input type="checkbox"/> Aquatic	

By signing this application, I affirm that I have read and understand the information contained herein and attest that all information provided is true and correct.

Qualified Applicator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### School District Information:

School District: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Chemical Storage Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Qualifying Party Registrations expire on May 31st of each year except that a registration issued this calendar year shall expire May 31st of the following year.

By signing this application, I affirm that I have read and understand the information contained herein and attest that all information provided is true and correct.

School Authority: \_\_\_\_\_ Title: \_\_\_\_\_

Persons authorized to act on behalf of the School District:

Authority Signature\*\*: \_\_\_\_\_ Date: \_\_\_\_\_