



**Government of the District of Columbia
 Department of the Environment
 Toxic Substance Division/Hazardous Materials Branch
 Pesticide Program
 1200 First Street, N.E., 5th Floor
 Washington, D.C. 20002
 Ph. (202) 535-2600**

REGISTERED EMPLOYEE I.D. CARD REQUEST/TERMINATION FORM

Please print legibly or type.

 Name of Business or Agency Telephone No.

 Street Address Mailing Address

 City State Zip Code

Business or Agency Customer Number (From License) _____

EMPLOYEES TO BE REGISTERED: (Do Not Send Photos with Application.)

1. _____
Employee Name Home Address (Street)

 Social Security Number City State Zip

2. _____
Employee Name Home Address (Street)

 Social Security Number City State Zip

3. _____
Employee Name Home Address (Street)

 Social Security Number City State Zip

EMPLOYEES TO BE CANCELLED: (Return I.D. card if possible).
Name(s) : Date of Termination:

APPLICATION MUST BE SIGNED BY THE LICENSED APPLICATOR UNDER WHOSE CERTIFICATION REGISTERED EMPLOYEE WILL WORK.

 Signature Date

 Certified Applicator's Name Customer Number (Required)_

(Cont'd next side)

www.green.dc.gov - click on Toxic Substance under DDOE Services - click on Pesticide Program under Hazardous Materials Branch.

ADDITIONAL EMPLOYEES TO BE REGISTERED:

4. _____
Employee Name Home Address (Street)

_____ City State Zip
 Social Security Number

5. _____
Employee Name Home Address (Street)

_____ City State
 Social Security Number Zip

6. _____
Employee Name Home Address (Street)

_____ City State
 Social Security Number Zip

7. _____
Employee Name Home Address (Street)

_____ City State Zip
 Social Security Number

8. _____
Employee Name Home Address (Street)

_____ City State
 Social Security Number Zip

9. _____
Employee Name Home Address (Street)

_____ City State
 Social Security Number Zip

ADDITIONAL EMPLOYEES TO BE CANCELLED:

Name (s) :

Date of Termination:
