

CDST

Oregon Department of Agriculture
Pesticides Division
(503) 986-4635



Form date 10/09

Commercial Directly Supervised Trainee (CDST) - Please Print Clearly

Name Last, First, M.I. _____

Mailing Address _____
City, State, Zip _____

Home Address _____
City, State, Zip _____

Contact Home Phone _____ Cell Phone _____
Email _____

Employer Company Name _____
Operator License # _____

Physical Address _____
City, State, Zip _____

Contact Office Phone _____ Fax _____
Email _____

I AGREE TO COMPLY WITH ALL LAWS AND REGULATIONS PERTAINING TO THIS LICENSE. I WILL NOTIFY THE OREGON DEPARTMENT OF AGRICULTURE IMMEDIATELY SHOULD ANY INFORMATION ON THIS APPLICATION CHANGE. LICENSE EXPIRES DECEMBER 31.

I VERIFY ALL CATEGORIES CHECKED ARE ON MY LICENSE. I UNDERSTAND THE CONDITIONS OF SUPERVISING PESTICIDE TRAINEES. I WILL NOTIFY THE OREGON DEPARTMENT OF AGRICULTURE IMMEDIATELY WHEN THIS APPLICANT IS NO LONGER UNDER MY SUPERVISION.

Trainee Signature _____
Date (M/D/Y) ____ / ____ / ____

Supervisor Signature _____
Date (M/D/Y) ____ / ____ / ____

License # _____
AG-L _____ CDST

- Supervising applicator complete:**
Print Name _____
License # _____ CPA
- Check trainee categories (supervisor must have categories checked below):
- Agriculture**
 - Herbicide
 - Insecticide & Fungicide
 - Livestock Pest
 - Soil Fumigation
 - Vertebrate Pest
 - Aquatic**
 - Demonstration and Research**
 - Forest**
 - IIHS**
 - General Pest
 - Moss
 - Space Fumigation
 - Structural Pest
 - Wood Treatment
 - Marine Fouling Organism**
 - Ornamental & Turf**
 - Herbicide
 - Insecticide & Fungicide
 - Public Health**
 - Right of Way**
 - Seed Treatment**

License Fee Schedule	
First major category	\$50.00 each
Additional major categories	\$7.50 each
Add maj. cat. after licensed	\$12.50 each
Exam retake fees	\$ 5.00 each

Total Due \$ _____

Do not detach

Trainee Social Security # _____ - _____ - _____ Date of Birth (M/D/Y) ____ / ____ / ____

For Checks or Money Orders, mail to:
Oregon Dept of Agriculture
PO Box 4395 Unit 16
Portland OR 97208-4395

For Credit Card Charges, complete below and mail or fax to:
Oregon Dept of Agriculture
635 Capitol St NE
Salem OR 97301-2532

Secure Fax: (503) 986-4746

Visa or MasterCard Accepted

Make checks payable to: **Oregon Department of Agriculture**. All dishonored checks or electronic payments will incur a \$25 administrative fee per ORS 30.701. You must return this application to renew or delete your registration.

Name of Cardholder: _____ Phone: _____

Address of Cardholder: _____ City: _____ Zip: _____

Email or Fax receipt available for credit card payments ONLY. Print Email address or Fax# _____

Signature: _____ Date: _____ Total Charges: \$ _____

Card Number: ____ / ____ / ____ Expiration Date: ____ / ____