

CITY OF MILWAUKEE
DEPARTMENT OF NEIGHBORHOOD SERVICES
Nuisance and Environmental Health Division

**PRE-APPLICATION FORM
COMMERCIAL PESTICIDE APPLICATOR**

Complete and return this form along with a copy of your Wisconsin Department of Agriculture Trade and Consumer Protection Pesticide Certification card (black plastic card) to the Department of Neighborhood Services, 4001 S 6th Street, 2nd floor, Milwaukee, WI 53221.

Last Name	First Name	Middle Initial
Home Address	City, Town, Village	Zip Code
Business Address	City, Town, Village	Zip Code
Date of Birth _____	Home Phone No. _____	Business Phone No. _____
Wisconsin Commercial Applicator of Pesticides License No. _____	Expiration Date _____	
Wisconsin Pesticide Certification I.D. No. _____	Expiration Date _____	
List category codes in which you are certified _____		

1/2003