**Section 220.ILLUSTRATION A Application for Weed Control Superintendent Certification**

STATE OF ILLINOIS

DEPARTMENT OF AGRICULTURE

Bureau of Environmental Programs

P.O. Box 19281

Springfield, Illinois 62794-9281

APPLICATION FOR WEED CONTROL SUPERINTENDENT CERTIFICATION

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| Please typewrite or print. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1. | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Name of Applicant | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 2. | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | County in which you live | | | | | | | | | | | | | | | | | | | | | | | Telephone Number | | | | | | | | | | | | |
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| 3. | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Home Address | | | | | | | | | | | | | | | | | | City | | | | | | | | | State | | | | | | Zip Code | | |
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| 4. | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Business Name and Address | | | | | | | | | | | | | | | | | | | | | | | | | | Telephone Number | | | | | | | | | |
| 5. | | | Please list all the previous employment for the last five positions. (List most recent job first.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | Employer  (Name and Address) | | | | | | | | | | | | | | | | Date  Started | | | | | | Date Terminated | | | | | | | | | Reason for Leaving | | | | | |
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| A. | | | | | | |  | | | | | | | | |  | |  | | | |  | |  | | | | | |  | | | |  | | | |
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| C. | | | | | | |  | | | | | | | | |  | |  | | | |  | |  | | | | | |  | | | |  | | | |
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| D. | | | | | | |  | | | | | | | | |  | |  | | | |  | |  | | | | | |  | | | |  | | | |
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| E. | | | | | | |  | | | | | | | | |  | |  | | | |  | |  | | | | | |  | | | |  | | | |
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| 6. | | Education | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | | High School | | | | | |  | | | | | | | | | | | | | | | | Graduated | | | | | | | | | |  |
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|  | | | | | College | | | |  | | | | | | | | | | | | | | | | | | Graduated | | | | | | | | |  | |
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|  | | | | Other Advance Training | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | Additional Information: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
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| I certify the above information to be true. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Signature | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Date | | | | | | |
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| Date Approved: | | | | | | | | | |  | | | Approved: | | | | | |  | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | Director | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | Illinois Department of Agriculture | | | | | | | | | | | | | | | | | | |

(Source: Amended at 26 Ill. Reg. 14644, effective September 23, 2002)