**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

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

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