

United States Department of Agriculture

National Agricultural Statistics Service
Maryland Field Office
Cooperating with the Maryland Department of Agriculture



RE-CERTIFICATION FULLCREDIT INFORMATION MEETING NUMBER: 20210258

(Please PRINT name exactly as it appears on your registration card.)							
Name:							
Birth Date: (mm	/dd/yy)	_/	_/				
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All Maryland particip pesticide re-certifi information asked for a	cation credit, m	ust provi	de the	above			
By signing below, the the information on thi that the information wi None of the actual surv	s sheet will be g ll be used only f	given to the or the	ne Mary pose of	rland E granti	epartn ng a co	nent of	f Agriculture. And
Certified Applicator	· (or Enumera	tor) Sigr	nature*	٠ <u>.</u>			

The information you provide will be used for statistical purposes only. Your responses will be kept confidential and any person who willfully discloses ANY identifiable information about you or your operation is subject to a jail term, a fine, or both. This survey is conducted in accordance with the Confidential Information Protection and Statistical Efficiency Act of 2018, Title III of Pub. L. No. 115-435, codified in 44 U.S.C. Ch. 35 and other applicable Federal laws. For more information on how we protect your information please visit: https://www.nass.usda.gov/confidentiality. Response to this survey is voluntary.

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number is 0535-NEW. The time required to complete this information collection is estimated to average 2 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.