



Department of Pesticide Regulation  
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## **Applicant Affidavit for South Carolina Reciprocal Pesticide Applicator's License**

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I have received, read, and understand the requirements of the South Carolina Pesticide Control Act *and* the Rules and Regulations for the Enforcement of the South Carolina Pesticide Control Act.

I understand that the South Carolina Pesticide Applicator's license expires on December 31<sup>st</sup> of each year and must be renewed by December 31<sup>st</sup> of each year in order to maintain a valid South Carolina Pesticide Applicator's License.

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**Printed Name of Applicant**

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**Signature of Applicant**

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**Date**