

STATE OF MAINE
DEPARTMENT OF AGRICULTURE, FOOD & RURAL RESOURCES
MAINE BOARD OF PESTICIDES CONTROL
28 STATE HOUSE STATION
AUGUSTA, ME 04333

NOTICE OF TERMINATION OF EMPLOYMENT

You are hereby notified of the termination of employment of the following license card holder(s) in accordance with Chapter 31 of the Board's regulations and requested to cancel registration of the card(s). I understand that a license card expires and is void and invalid upon termination of the license cardholders(s) employment pursuant to law.

FIRM NAME: _____ TEL: _____

BUSINESS LOCATION: _____

1. Employee Lic. #: _____

Complete Name: _____

Home Address: _____

SS#: _____

Effective Date of Termination: _____

2. Employee Lic. #: _____

Complete Name: _____

Home Address: _____

SS#: _____

Effective Date of Termination: _____

3. Employee Lic. #: _____

Complete Name: _____

Home Address: _____

SS#: _____

Effective Date of Termination: _____

4. Employee Lic. #: _____

Complete Name: _____

Home Address: _____

SS#: _____

Effective Date of Termination: _____

Date Submitted

Signature of Certified Master in Charge or
Licensee/Licensee's Authorized Agent.

(If needed make extra copies)