



Green Shield Certified Annual Renewal Application

It is that time of year to renew your Green Shield Certificate to maintain certification. Please update as completely as possible, answering all questions with your most current information.

Company Name: _____

Business license no(s)/state(s): _____

Street Address: _____

City, State, Zip: _____

Phone: _____

Green Shield Certified program contact:

Name, title: _____ Phone: _____

Certifications/licenses (agency/category/no/exp date): _____

Number of locations: _____ Number of employees: _____

Geographic location(s) (e.g. counties) served: _____

Market segments, types of service(s) offered (check all that apply):

residential

commercial

schools

childcare facilities

hospitals

nursing homes

restaurants

hospitality (e.g., hotel, motel)

places of worship

military installations

other (describe):

general pest

bed bugs

birds

carpenter ants

carpentry services

mold remediation

mosquitoes

termites

wildlife/vertebrates

other (describe):



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List pesticide trade name and EPA Registrations Number from label for all products currently in use for the certified service:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Please update us on the status of your IPM program improvements identified during the evaluation plus any additional goals that you are planning or working on.

- _____
- _____
- _____

Please take a moment to give us feedback about the Green Shield program and the IPM Institute.

1. Please write your comments or any improvements you would like to see implemented by Green Shield Certified or the IPM Institute.

Thank you for your comments!