



*Tennessee Department of Agriculture, Consumer & Industry Services Division,
Pesticide Section, P.O. Box 40627, Nashville, TN 37204
Phone (615) 837-5148 Fax (615) 837-5012*

APPLICATION FOR REMOVAL OF EMPLOYEE FROM A CHARTERED COMPANY

Make sure you list employee name as listed on the charter **when** you request removal.

Fill out the following information and send your application to the address listed above or fax.

If you have any questions, please call the number listed above.

Company Name & Charter# _____

Employee Name _____

Address _____

City, State, & Zip Code _____

Social Security# (Last 4 digits) _____

TDA ID Number _____

Driver's License Number _____

Phone Number () _____