

20 NEW COMMERCIAL ANIMAL WASTE TECHNICIAN SITE MANAGER LICENSE APPLICATION

The data on this form will be used to process your application. You must provide your social security number (MS Sec 270C.72). We are required by law to collect this information and we cannot grant your license without it. No one will have access to your social security number except those permitted access by law, your written consent, court order, or those department employees whose job duties require access.

Site Manager Information (Please print)

Last Name:	First Name:	MI:	Social Security Number:
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Company Information

Commercial Animal Waste Technician Site Manager License requires that you are employed by a licensed CAWT Company.

Company Legal Name:

DBA (if different):

Company Street Address (No PO Box):	Company Mailing Address (if different):
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City:	State:	Zip Code:	City:	State:	Zip Code:
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County:	Company Telephone:
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Commercial Animal Waste Technician Company License Number (if available)

Financial Responsibility (Check all that apply):

Proof of Financial Responsibility is required by the MN Fertilizer, Soil & Plant Amendment Law (Minn. Stat. Ch. 18C).

- Liability Insurance
 Net Asset Statement
 Performance or Surety Bond

License Categories (Check all that apply):

- Liquid
 Solid

Application Fees

Application Fee: \$50.00 **600301(3102)**

Return this form with your check made payable to:

MINNESOTA DEPARTMENT OF AGRICULTURE
ATTN: Cashier
625 Robert Street North
Saint Paul, MN 55155-2538

Licenses are not transferable and fees are not refundable.

Total Due: \$50.00

I hereby certify that the information contained in and submitted with this form is true and correct.

For Office Use Only

Signature: _____ Date: _____

Name (Please print): _____ Title: _____

Contact Telephone: _____ Fax Number: _____

E-mail Address: _____