

20 New Pesticide Applicator 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) and date of birth (MS Sec 18B.33 and 18B.34). 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.

| APPLICANT INFORMATION <i>(Please print)</i> | | | | | |
|---|----------------------------------|--|---|--|------|
| Last Name: | | First Name: | | MI: | |
| Date of Birth (must be 18 years or older) MM/DD/YYYY: | | | Social Security #: | | |
| COMPANY INFORMATION | | | | | |
| Company Legal Name: | | | | | |
| DBA <i>(If different)</i> : | | | | | |
| Company Street Address <i>(No PO Box)</i> : | | | Company Mailing Address <i>(If different)</i> : | | |
| City: | State: | Zip: | City: | State: | Zip: |
| County: | | | Company Telephone #: | | |
| FINANCIAL RESPONSIBILITY <i>(Check all that apply)</i> | | | | | |
| Proof of Financial Responsibility is required by the MN Pesticide Control Law <i>(Minn. Stat. Ch. 18B)</i> for Commercial Pesticide Applicators only. | | | | | |
| Liability Insurance | | Net Asset Statement | | Performance or Surety Bond | |
| LICENSE HISTORY <i>(This question MUST be answered in order for the application to be processed)</i> | | | | | |
| Has applicant for license/certification ever had a license or certification denied, revoked, or suspended by another state? | | | | YES | NO |
| RECIPROCITY <i>(Only fill this section out if you are applying for a pesticide applicator license based on reciprocity)</i> | | | | | |
| I hold a current pesticide applicator license and am a resident in the state of: | | | | | |
| License #: | | Categories: | | Expires: | |
| LICENSE CATEGORIES <i>(Check all that apply)</i> | | | | | |
| A – Core | H – Seed Treatment | N – Non-Soil Fumigation | | Categories M and S below are only available to Non-Commercial Pesticide Applicators. | |
| B – General Aerial | I – Anti-Microbial | O – Soil Fumigation | | | |
| C – Field Crops Pest Mgmt | J – Nat Areas, Frstry, ROW | P – Vertebrate Pest Control | | | |
| E – Turf and Ornamentals | K – Ag Pest Control - Animal | Q – Wood Preservatives | M – Food Processing Pest Mgmt | | |
| F – Aquatic | L – Mosquito, Black Fly, & Ticks | R – Sewer Root Control | S – Non-Commercial Structural | | |
| | | | | | |
| TYPE OF LICENSE AND APPLICATION FEES <i>(Check one)</i> | | | | | |
| Commercial Pesticide Applicator | | Non-Commercial Pesticide Applicator | | Non-Commercial Government Pesticide Applicator | |
| Application Fee: \$50 600306(3100) | | Application Fee: \$50 600310(3100) | | Application Fee: \$10 600314(3100) | |
| ACRRA Surcharge: \$25 600339(3310) | | ACRRA Surcharge: \$25 600339(3310) | | | |
| TOTAL DUE: \$75 | | TOTAL DUE: \$75 | | TOTAL DUE: \$10 | |
| Licenses are NOT transferable and fees are NOT refundable | | Return this form with your check made payable to: MINNESOTA DEPARTMENT OF AGRICULTURE ATTN: Cashier, 625 Robert Street North, Saint Paul, MN 55155-2538 | | | |

| I hereby certify that the information contained in and submitted with this form is true and correct. | | | |
|--|--------|----------------------------|--|
| Signature: | | Date: | |
| Name <i>(Please print)</i> : | | FOR OFFICE USE ONLY | |
| Title: | | | |
| Telephone #: | Fax #: | | |
| Email: | | | |