

20 New Structural Pest Control 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.32). 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.

APPLICATOR 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 (If Different):																
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 (Minn. Stat. Ch. 18B) 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 recertification 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>																
Core		Journeyman		Master	Non-Soil Fumigation											
APPLICATION FEES																
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 10px; width: 45%;"> <p style="text-align: center; margin: 0;">Return this form with your check made payable to:</p> <p style="text-align: center; margin: 5px 0 0 0;">MINNESOTA DEPARTMENT OF AGRICULTURE ATTN: Cashier 625 Robert Street North Saint Paul, MN 55155-2538</p> <p style="text-align: center; margin: 10px 0 0 0;">Licenses are <u>NOT</u> transferable and fees are <u>NOT</u> refundable</p> </td> <td style="padding: 10px; width: 55%;"> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Application Fee</td> <td style="padding: 2px; text-align: right;">\$50.00</td> <td style="padding: 2px; text-align: right;">600318(3100)</td> </tr> <tr> <td style="padding: 2px;">MDA Processing Surcharge</td> <td style="padding: 2px; text-align: right;">\$5.00</td> <td style="padding: 2px; text-align: right;">553068(3360)</td> </tr> <tr style="border-top: 1px solid black;"> <td style="padding: 2px;">TOTAL DUE</td> <td style="padding: 2px; text-align: right;">\$55.00</td> <td></td> </tr> </table> </td> </tr> </table>						<p style="text-align: center; margin: 0;">Return this form with your check made payable to:</p> <p style="text-align: center; margin: 5px 0 0 0;">MINNESOTA DEPARTMENT OF AGRICULTURE ATTN: Cashier 625 Robert Street North Saint Paul, MN 55155-2538</p> <p style="text-align: center; margin: 10px 0 0 0;">Licenses are <u>NOT</u> transferable and fees are <u>NOT</u> refundable</p>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Application Fee</td> <td style="padding: 2px; text-align: right;">\$50.00</td> <td style="padding: 2px; text-align: right;">600318(3100)</td> </tr> <tr> <td style="padding: 2px;">MDA Processing Surcharge</td> <td style="padding: 2px; text-align: right;">\$5.00</td> <td style="padding: 2px; text-align: right;">553068(3360)</td> </tr> <tr style="border-top: 1px solid black;"> <td style="padding: 2px;">TOTAL DUE</td> <td style="padding: 2px; text-align: right;">\$55.00</td> <td></td> </tr> </table>	Application Fee	\$50.00	600318(3100)	MDA Processing Surcharge	\$5.00	553068(3360)	TOTAL DUE	\$55.00	
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I hereby certify that the information contained in and submitted with this form is true and correct.																
Signature:			Date:		FOR OFFICE USE ONLY											
Name (Please print):																
Title:																
Telephone #:		Fax #:														
Email:				Date Processed: <input style="width: 100px;" type="text"/>												