



Pesticide & Fertilizer Management Division Ph. 651-201-6615 Fax 651-201-6105

**New License Number:**

**20 NEW PESTICIDE APPLICATOR LICENSE APPLICATION**

Minn. Stat. Sec. 18B.33 & 18B.34

The data on this form will be used to process your application. You must provide your social security number (MS Sec 270C.72). We cannot grant your license without it. Before a license is granted, only your name and address are public information. After the license is issued, all of your application information becomes public except your social security number. No one will have access to your social security number except those permitted access by law, by your written consent, by court order, or by those department employees whose job duties require access.

<b>Type of License:</b> (Check one)	<input type="checkbox"/> Commercial Pesticide Applicator	<input type="checkbox"/> Non-Commercial Pesticide Applicator	<input type="checkbox"/> Non-Commercial Government Pesticide Applicator
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**Applicator Information:** (Please print)

Last Name:	First Name:	MI:	Social Security Number:
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I am applying for a pesticide applicator license based on reciprocity. I hold a current pesticide applicator license and am a resident in the state of \_\_\_\_\_, license number \_\_\_\_\_, categories \_\_\_\_\_, expires \_\_\_\_\_

Has applicant for license/certification ever had a license or certification denied, revoked or suspended by another state?  Yes  No

**Company Information:**

Legal Name:			DBA (If different):		
Street Address (No PO Box):			Mailing Address (If different):		
City:	State:	Zip Code:	City:	State:	Zip Code:
County:			Company Telephone:		

**Financial Responsibility:** (Check all that apply)

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 Categories:** (Check all that apply)

<input type="checkbox"/> A - Core	<input type="checkbox"/> G - Forest Spraying	<input type="checkbox"/> N - Stored Grain & Fumigation	The categories below are <u>only</u> available to Non-Commercial Pesticide Applicators:
<input type="checkbox"/> B - General Aerial	<input type="checkbox"/> H - Seed Treatment	<input type="checkbox"/> O - Soil Fumigation	
<input type="checkbox"/> C - Field Crops Pest Mgmt	<input type="checkbox"/> I - Anti-Microbial	<input type="checkbox"/> P - Pocket Gopher	
<input type="checkbox"/> E - Turf and Ornamentals	<input type="checkbox"/> J - Rights of Way	<input type="checkbox"/> Q - Wood Preservatives	
<input type="checkbox"/> F - Aquatic	<input type="checkbox"/> K - Ag Pest Cntr - Animal	<input type="checkbox"/> R - Sewer Root Control	
<input type="checkbox"/> L - Mosquito Control	<input type="checkbox"/> T - Dried Blood Deer Repellent	<input type="checkbox"/> S - Non-Commercial Structural	

<p><b>Application Fees:</b></p> <p><b>Commercial Pesticide Applicator</b></p> <p>Application Fee: \$50.00 <b>(325510)</b></p> <p>*Electronic Surcharge: \$5.00 <b>(325566)</b></p> <p>ACRRA Surcharge: \$ 8.25 <b>(332038)</b></p> <p><b>Total Due: \$63.25</b></p>	<p><b>Non-Commercial Pesticide Applicator</b></p> <p>Application Fee: \$50.00 <b>(326010)</b></p> <p>*Electronic Surcharge: \$5.00 <b>(326066)</b></p> <p>ACRRA Surcharge: \$ 8.25 <b>(332040)</b></p> <p><b>Total Due: \$63.25</b></p>	<p><b>Non-Commercial Government Pesticide Applicator</b></p> <p>Application Fee: \$10.00 <b>(326410)</b></p> <p>*Electronic Surcharge: \$5.00 <b>(326466)</b></p> <p><b>Total Due: \$15.00</b></p>
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\*Statewide Electronic Licensing Surcharge Minn.Stat.Sec. 16E.

Return this form with your check made payable to:  
MINNESOTA DEPARTMENT OF AGRICULTURE,  
Cashier, 625 Robert Street North, St. Paul, MN 55155-2538

*Application fees are not refundable and licenses are not transferable*

<p>I hereby certify that the information contained in and submitted with this form is true and correct.</p> <p>Signature: _____ Date: _____</p> <p>Name (Please print): _____ Title: _____</p> <p>Contact Telephone: _____ Fax Number: _____</p> <p>E-mail Address: _____</p>	<p>For Office Use Only</p>
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Date Computer Updated: \_\_\_\_\_