



**20\_\_ NEW STRUCTURAL PEST CONTROL APPLICATOR LICENSE APPLICATION**

Minn. Stat. Sec. 18B.32

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.

**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).

Liability Insurance       Net Asset Statement       Performance or Surety Bond

**License Categories:** (Check all that apply)

Core       Journeyman       Master       Fumigator

**Application Fees:**

Application Fee:	\$ 50.00	<b>(327110)</b>
Statewide Electronic Licensing Surcharge (Minn. Stat. Sec. 16E.22):	\$ 5.00	<b>(327166)</b>
<b>Total Due:</b>	<b>\$ 55.00</b>	

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*

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

Date Computer Updated: \_\_\_\_\_