



20 __ NEW STRUCTURAL PEST CONTROL COMPANY LICENSE APPLICATION

Minn. Stat. Sec. 18B.32

The data on this form will be used to process your application. You must provide your Minnesota Tax ID number. If you do not have one, 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. If you are unsure if you need a Minnesota Tax ID, contact the Minnesota Department of Revenue at www.taxes.state.mn.us.

Company Information: (Please print)

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:		Minnesota Tax ID or if none, Social Security Number:		

Master Applicator Information: (In order to obtain a Structural Pest Control Company License, your company must employ at least one Master Applicator.)

Last Name:	First Name:	MI:	License Number:
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Workers' Compensation:

Do you have any paid or otherwise compensated employees in Minnesota? Yes No If yes, complete the following information:

Insurance Company Name:	Effective Date:
Policy #:	Expiration Date:

You must provide acceptable evidence of compliance with the Workers' Compensation Insurance Law (MS Sec 176.182). If you are self-insured, attach a copy of the exemption order from the Commissioner of Commerce authorizing self-insurance. For questions, contact the Minnesota Department of Labor and Industry at www.doli.state.mn.us.

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

Application Fees:

Application Fee:	\$200.00	(327010)
Statewide Electronic Licensing Surcharge (Minn. Stat. Sec. 16E.22):	\$ 20.00	(327066)
Agricultural Chemical Response and Reimbursement Surcharge (ACRRA):	\$ 33.00	(332041)

Total Due: \$253.00

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.

For Office Use Only

Signature: _____ Date: _____

Name (Please print): _____ Title: _____

Contact Telephone: _____ Fax Number: _____

E-mail Address: _____

Date Computer Updated: _____