

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 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: (Please print)

Last Name:	First Name:	MI:	Social Security Number:
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Company Information:

Company Legal Name:

DBA (if different):

Company Street Address (No PO Box):	Company Mailing Address (if different):
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City:	State:	Zip Code:	City:	State:	Zip Code:
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County:	Company Telephone:
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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

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

License Categories: (Check all that apply)

- Core
 Journeyman
 Master
 Fumigator

Application Fees:

Application Fee: \$50.00 **600318(3100)**

Total Due: \$50.00

Return this form with your check made payable to:

MINNESOTA DEPARTMENT OF AGRICULTURE
ATTN: Cashier
625 Robert Street North
Saint Paul, MN 55155-2538

Licenses are NOT transferable and fees are not refundable.

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: _____