

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 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):
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

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)

<input type="checkbox"/> A - Core	<input type="checkbox"/> H - Seed Treatment	<input type="checkbox"/> N - Stored Grain & Fumigation	Categories M and S below are only available to Noncommercial Pesticide Applicators:
<input type="checkbox"/> B - General Aerial	<input type="checkbox"/> I - Anti-Microbial	<input type="checkbox"/> O - Soil Fumigation	
<input type="checkbox"/> C - Field Crops Pest Mgmt	<input type="checkbox"/> J - Nat Areas, Frstry, Rghts Of Wy	<input type="checkbox"/> P -Vertebrate Pest Control	
<input type="checkbox"/> E - Turf and Ornamentals	<input type="checkbox"/> K - Ag Pest Cntrl - Animal	<input type="checkbox"/> Q - Wood Preservatives	
<input type="checkbox"/> F - Aquatic	<input type="checkbox"/> L - Mosquito Control	<input type="checkbox"/> R - Sewer Root Control	
		<input type="checkbox"/> M -Food Processing Pest Control	
		<input type="checkbox"/> S - Noncommercial Structure	

**Type of License and Application Fees:** (Check one)

<input type="checkbox"/> Commercial Pesticide Applicator	<input type="checkbox"/> Noncommercial Pesticide Applicator	<input type="checkbox"/> Noncommercial Government Pesticide Applicator
Application Fee: \$50.00 <b>600306(3100)</b> ACRRA Surcharge: \$14.00 <b>600339(3310)</b>	Application Fee: \$50.00 <b>600310(3100)</b> ACRRA Surcharge: \$14.00 <b>600339(3310)</b>	Application Fee: \$10.00 <b>600314(3100)</b>
<b>Total Due: \$64.00</b>	<b>Total Due: \$64.00</b>	<b>Total Due: \$10.00</b>

Return this form with your check made payable to:

**Licenses are NOT transferable and fees are not refundable.**

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

<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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