APPLICATION FOR DUPLICATE APPLICATOR LICENSE/CERTIFICATION

This application may only be used for current license holders and may not be used in place of a New License/Certification or Renewal Application.

License Holder:

Type (Check only one):

☐ Commercial Pesticide Applicator
☐ Noncommercial Pesticide Applicator
☐ Noncommercial Pesticide Applicator (Government)
☐ Private Pesticide Applicator
☐ Commercial Animal Waste Technician - Applicator
☐ Commercial Animal Waste Technician - Site Manager

Reason for Duplicate License/Certification

☐ Lost or Misplaced License/Certification
☐ Adding Category (please select from categories below)
☐ Other (please explain)

☐ A - Core
☐ B - General Aerial
☐ C - Field Crops Pest Management
☐ E - Turf and Ornamentals
☐ F - Aquatic
☐ H - Seed Treatment
☐ I - Anti-Microbial
☐ J - Nat Areas, Frstry, Rights Of Wy
☐ K - Ag Pest Control - Animal
☐ L - Mosquito Control
☐ M - Food Processing Pest Management (Noncommercial Only)
☐ N - Stored Grain & Fumigation
☐ O - Soil Fumigation
☐ P - Vertebrate Pest Control
☐ Q - Wood Preservatives
☐ R - Sewer Root Control
☐ S - Noncommercial Structural (Noncommercial Only)
☐ Liquid
☐ Solid

Application/Certification Fees (Check only one):

- Commercial Pesticide Applicator (M.S. 18B.33) ☐ $10.00 600306(3110)
- Noncommercial Pesticide Applicator (M.S. 18B.34) ☐ $10.00 600310(3110)
- Noncommercial Government Pesticide Applicator (M.S. 18B.34) ☐ $10.00 600314(3110)
- Private Pesticide Applicator (M.S. 18B.36) ☐ $5.00 600315(3110)
- Commercial Animal Waste Technician - Applicator (M.S. 18C.430) ☐ $10.00 600301(3111)
- Commercial Animal Waste Technician - Site Manager (M.S. 18C.430) ☐ $10.00 600301(3112)

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.

Signature: _____________________________ Date: ______________________

Name (Please print): __________________________ Title: ______________________

Contact Telephone: ______________________ Fax Number: ______________________

E-mail Address: ____________________________

AG-02468 (11/17)