

**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):

- |  |  |
|--|--|
| <input type="checkbox"/> Commercial Pesticide Applicator                 | <input type="checkbox"/> Private Pesticide Applicator                      |
| <input type="checkbox"/> Noncommercial Pesticide Applicator              | <input type="checkbox"/> Commercial Animal Waste Technician - Applicator   |
| <input type="checkbox"/> Noncommercial Pesticide Applicator (Government) | <input type="checkbox"/> 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) \_\_\_\_\_

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

**Application/Certification Fees** (Check only one):

- |  |                          |         |                     |
|--|--------------------------|---------|---------------------|
| Commercial Pesticide Applicator (M.S. 18B.33)                    | <input type="checkbox"/> | \$10.00 | <b>600306(3110)</b> |
| Noncommercial Pesticide Applicator (M.S. 18B.34)                 | <input type="checkbox"/> | \$10.00 | <b>600310(3110)</b> |
| Noncommercial Government Pesticide Applicator (M.S. 18B.34)      | <input type="checkbox"/> | \$10.00 | <b>600314(3110)</b> |
| Private Pesticide Applicator (M.S. 18B.36)                       | <input type="checkbox"/> | \$5.00  | <b>600315(3110)</b> |
| Commerical Animal Waste Technician - Applicator (M.S. 18C.430)   | <input type="checkbox"/> | \$10.00 | <b>600301(3111)</b> |
| Commerical Animal Waste Technician - Site Manager (M.S. 18C.430) | <input type="checkbox"/> | \$10.00 | <b>600301(3112)</b> |

**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: \_\_\_\_\_