

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

For Office Use Only

Signature: _____ Date: _____

Name (Please print): _____ Title: _____

Contact Telephone: _____ Fax Number: _____

E-mail Address: _____