

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:

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.	
<input type="checkbox"/> Liability Insurance	<input type="checkbox"/> Net Asset Statement
<input type="checkbox"/> Performance or Surety Bond	
<input type="checkbox"/> 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)		Categories M and S below are only available to Noncommercial Pesticide Applicators:
<input type="checkbox"/> A - Core <input type="checkbox"/> B - General Aerial <input type="checkbox"/> C - Field Crops Pest Mgmt <input type="checkbox"/> E - Turf and Ornamentals <input type="checkbox"/> F - Aquatic	<input type="checkbox"/> H - Seed Treatment <input type="checkbox"/> I - Anti-Microbial <input type="checkbox"/> J - Nat Areas, Frstry, Rghts Of Wy <input type="checkbox"/> K - Ag Pest Cntrl - Animal <input type="checkbox"/> L - Mosquito, Black Fly, Tick Pest 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 Application Fee: \$50.00 600306(3100) ACRRRA Surcharge: \$25.00 600339(3310) Total Due: \$75.00	<input type="checkbox"/> Noncommercial Pesticide Applicator Application Fee: \$50.00 600310(3100) ACRRRA Surcharge: \$25.00 600339(3310) Total Due: \$75.00	<input type="checkbox"/> Noncommercial Government Pesticide Applicator Application Fee: \$10.00 600314(3100) Total Due: \$10.00

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
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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: _____	For Office Use Only
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