

# 20 New Commercial Animal Waste Technician Site Manager License Application

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.

**SITE MANAGER INFORMATION** *(Please print)*

Last Name:	First Name:	MI:	Social Security #:
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**COMPANY INFORMATION** *(A Commercial Animal Waste Technician Site Manager License requires that you are employed by a licensed CAWT Company)*

Company Legal Name:

DBA *(If Different)*:

Company Address  
*(No PO Box)*:

Mailing Address  
*(If different)*:

City:	State:	Zip:	City:	State:	Zip:
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County:	Company Telephone #:
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**CAWT COMPANY** *(A license is required for a company that commercially manages for-hire applications of animal waste)*

Commercial Animal Waste Technician Company License Number (if available):

**FINANCIAL RESPONSIBILITY** *(Check all that apply)*

Proof of Financial Responsibility is required by the MN Fertilizer, Soil, and Plant Amendment Law (Minn. Stat. Ch. 18C)

☐ Liability Insurance

☐ Net Asset Statement

☐ Performance or Surety Bond

**LICENSE CATEGORIES** *(Check all that apply)*
☐ Liquid

☐ Solid

**APPLICATION FEES**

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

Application Fee	\$50.00	600301(3102)
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<b>TOTAL DUE</b>	<b>\$50.00</b>
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I hereby certify that the information contained in and submitted with this form is true and correct.

Signature:	Date:	<b>FOR OFFICE USE ONLY</b>
Name <i>(Please print)</i> :		
Title:		
Telephone #:	Fax #:	
Email:	Date Processed:	