

20 New Structural Pest Control Applicator 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.

APPLICATOR INFORMATION *(Please print)*

Last Name:	First Name:
Middle Initial:	Social Security #:

COMPANY INFORMATION

Company Legal Name:					
DBA (If Different):					
Company Street Address <i>(No PO Box)</i> :			Company Mailing Address <i>(If Different)</i> :		
City:	State:	Zip:	City:	State:	Zip:
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.

Liability Insurance

Net Asset Statement

Performance or Surety Bond

LICENSE HISTORY *(This question MUST be answered in order for the application to be processed)*

Has applicant for license/certification ever had a license or certification denied, revoked, or suspended by another state? YES NO

RECIPROCITY *(Only fill this section out if you are 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 #:	Categories:	Expires:
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LICENSE CATEGORIES *(Check all that apply)*

Core

Journeyman

Master

Non-Soil Fumigation

APPLICATION FEES

Application Fee: \$50.00 600318(3100)

TOTAL DUE: \$50.00

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:	FOR OFFICE USE ONLY
Name (Please print):		
Title:		
Telephone #:	Fax #:	
Email:	Date Processed:	