

625 Robert Street North Saint Paul, MN 55155-2538 www.mda.state.mn.us **New License #** 

Pesticide & Fertilizer Management Division Ph. 651-201-6615 Fax 651-201-6105

(Minn Stat. Sec. 18B.32)

## 20 New Structural Pest Control Company License Application

The data on this form will be used to process your application. You must provide your Minnesota Tax ID number. If you do not have one, 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. Pursuant to MS Sec 297A.66 if your company maintains within the state an office or place of distribution or sales person or other employee that solicits, sells or delivers goods or services in the state you must have a Minnesota Tax ID number.

Does your company maintain within the state an office or place of distribution or sales person or other employee that solicits, sells or delivers goods or services in the state? Yes or No. If yes, enter the MN Tax ID number in the space provided below.

υ	MPANY INFORMATION (Please print	t)							
Company Legal Name:				MN Tax ID or if none, Social Security #:					
DBA (If different):				Company Mailing Address (If different):					
Company Street Address (No PO Box):									
City: State:		State:	Zip:	City:			State:	Zip:	
County:				Company Telephone #:					
MASTER APPLICATOR (To obtain a Structural Pest Control Company license, your company must employ at least one Master Applicator)									
Last Name: First Name:			me:	MI: License #:					
WORKERS' COMPENSATION									
Do you have any paid or otherwise compensated employees in Minnesota? Yes No If yes, complete the following information:								ormation:	
Insurance Company Name: Effective Date						e:			
Policy #: Expire					Expiration D	n Date:			
atta	You must provide acceptable evidence of compliance with the Workers' Compensation Insurance Law (MS Sec 176.182). If you are self-insured, attach a copy of the exemption order from the Commissioner of Commerce authorizing self-insurance. For questions, contact the Minnesota Department of Labor and Industry at www.doli.state.mn.us.								
FIN	IANCIAL RESPONSIBILITY: (Check all	that apply)							
Pro	of of Financial Responsibility is requir	ed by the MN	Pesticide Control	Law (Minn. Stat. Ch	. 18B).				
Liability Insurance Net Asset Statement Performace or Surety Bond									
	Liability Insurance	e	Net Asset Sta	tement	Performa	ice or Sur	ety Bond		
AP	Liability Insuranc	e	Net Asset Sta	tement	Performa	ice or Sure	ety Bond		
AP	•	e	Net Asset Sta	tement	Performa Application		ety Bond \$200.00	600317(3100)	
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In accordance with the Americans with Disabilities Act, this information is available in alternative forms of communication upon request by calling 651-201-6000. TTY users can call the Minnesota Relay Service at 711. The MDA is an equal opportunity employer and provider.