

# INSTRUCTIONS

## PESTICIDE APPLICATOR LICENSE APPLICATION

If you're applying for a license, please contact our office at (405)522-5984, to check name availability

- ITEM 1** Indicate whether you are filing for a new business license or if this is a renewal of a Pesticide Applicators License.
- ITEM 2** Print your company's name. This is the same name that you'll use on your Certificate of Insurance form.
- ITEM 3 - 4** Self-explanatory.
- ITEM 5** Check Yes or No in this area (if you meet the requirements) and complete the attached "Plan of Access" form.
- ITEM 6 - 8** Self-explanatory.
- ITEM 9** List locations and phone numbers of ALL answering services.
- ITEM 10** Please check the category that applies to your company.

For commercial license, please check under the "COM" column next to the category for which a license is desired. For noncommercial license, place the check in "NC" column.

For a consultant license, place the check under the "CT" column. (Note: A consultant is any person who makes a pesticide recommendation for hire or compensation, but does not purchase or apply the pesticide).

**AERIAL APPLICATORS: Check the "AIR" column IN ADDITION TO COM, NC, or CT; note that "AIR" is not considered a separate license category and there is no additional fee.**

- ITEM 11** Self-explanatory.
- ITEM 12** Print the names of all certified applicators. Please have each certified applicator sign the application adjacent to their name. Please attach additional pages, if needed, include: printed name, certified applicator #, driver's license #, all current categories and signatures for each additional applicator.
- ITEM 13** List all Service Technicians. If this is a new application, you must include the Application for a Service Technician I.D form to add your Service Technician(s).
- ITEM 14** Aerial applicators should read this section and provide the information as required.
- ITEM 15** Application should be signed and dated by either the owner of the company or an authorized representative of the company.

**NOTE:** IF THE APPLICATION IS NOT COMPLETELY FILLED OUT AS DEFINED ABOVE, YOUR APPLICATION WILL NOT BE PROCESSED UNTIL **ALL INFORMATION IS RECEIVED.**

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The following information **MUST BE FILED** with Consumer Protection Services, Oklahoma Department of Agriculture, Food & Forestry, 2800 N Lincoln Blvd, PO Box 528804, Oklahoma City, OK 73152-8804, before a Pesticide Applicators License can be issued.

- 1. This application properly completed and signed in each required blank.**
- 2. Properly completed "Plan of Access" form (if applicable).**
- 3. Appropriate fees enclosed. Checks should be made payable to: ODAFF**
- 4. A copy of your commercial general liability insurance certificate.**
- 5. Proof of registration from the Secretary of State is required.**
- 6. The required copy of FAA PART 137 certificate for all NEW aerial applicators.**
- 7. If you have any questions please call (405) 522-5984 or email shalonda.ligons@ag.ok.gov**

**ALSO BE SURE TO VISIT OUR WEBSITE AT <http://www.ag.ok.gov/cps-pest.htm>**

2017

## PESTICIDE APPLICATOR LICENSE APPLICATION

AMT PD \$ \_\_\_\_\_

RCPT# \_\_\_\_\_

LIC # \_\_\_\_\_

Date Issd \_\_\_\_\_

RCPT CODE 414

1. PLEASE CHECK ONE ( ) New or ( ) Renewal

**NOTE: Renewals show ALL changes (if any)**

2. Company Name \_\_\_\_\_

Business Location Address/Directions \_\_\_\_\_

City, State, Zip \_\_\_\_\_ County \_\_\_\_\_

3. Business Phone ( ) \_\_\_\_\_ 4. Fax Number (Optional) ( ) \_\_\_\_\_

5. Is your business location in a gated community? Yes ( ) No ( )

Are you operating your business from a residence? Yes ( ) No ( ) If you answered yes to either question above, you must complete the attached Plan of Access form prior to being issued a license.

6. E-mail Address (Optional) \_\_\_\_\_

7. Mailing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

8. Owner/Corporate Officer(s) \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

9. Answering Services (List locations and phone numbers) \_\_\_\_\_

10. Application is hereby made and proper fees enclosed.

**Proof of registration from the Secretary of State is required.****Commercial License:** \$100 per category, not more than \$500 total annually.**Noncommercial License:** \$50 per category; not more than \$250 total annually.**Consultant License:** \$100 per category, not more than \$500 total annually.*NO FEES SHALL BE CHARGED TO GOVERNMENT AGENCIES OR THEIR EMPLOYEES IN THE DISCHARGE OF THEIR OFFICIAL DUTIES.***LATE RENEWAL PENALTY:** If renewal application is not received by January 1st, license fees double (Commercial and Consultant: \$200 per category, Noncommercial \$100 per category). If renewal is not received by February 1st, in addition to the double fees, the certified applicator will be required to retest.

## PLEASE INDICATE CATEGORIES BELOW

CATEGORY		COM	NC	AIR**	CT	CATEGORY		COM	NC	AIR**	CT
1a	Ag Plant					8	Public Health			N/A	
1b	Ag Animal			N/A		9	Regulatory				
2	Forest					10	Demo & Research				
3a	Ornamental & Turf Outdoor			N/A		11a	Bird & Vertebrate Animal Pests				
3b	Interiorscape			N/A		11b	Predatory Animal				
3c	Nursery/Greenhouse			N/A		12a	Pressure Facility Timber Treating			N/A	
4	Seed Treatment			N/A		12b	Ground Line Utility Pole Timber Treating			N/A	
5	Aquatic					13	Antimicrobial			N/A	
6	Right-of-Way					14a	Sewer Root			N/A	
7a	General Pest			N/A		14b	Cooling Tower			N/A	
7b	Structural Pest			N/A							
7c	Fumigation			N/A		14c	Specialty			N/A	

11. Have you or your applicator(s) ever been convicted and/or fined in any court or hearing for a violation of the Pesticide Laws of any state or FIFRA, or has your/their applicators license and/or certification in any state been revoked, suspended, or denied re-issue?

( ) Yes ( ) No If yes, please attach details.

12. HAVE ALL CERTIFIED APPLICATORS COMPLETE THIS SECTION. (Attach additional pages if needed)

Print Name C.A# Driver's License # Categories Signature REQUIRED

Print Name C.A# Driver's License # Categories Signature REQUIRED

Print Name C.A# Driver's License # Categories Signature REQUIRED

13. PLEASE LIST ALL SERVICE TECHNICIANS. (Attach additional pages if needed)

Print Name ST# Driver's License # Signature

Print Name ST# Driver's License # Signature

Print Name ST# Driver's License # Signature

14. AERIAL APPLICATORS-----COMPLETE THIS SECTION

Aircraft used in your operation (Attach additional pages if needed)

Make Model N Number

Make Model N Number

\*\*NOTE: ALL NEW Aerial applications must enclose FAA Part 137 Certificate.

IMPORTANT!!!!!!! PLEASE READ BELOW AND SIGN

I hereby certify that I have read, understand, and will comply with the Combined Pesticide Law and Rules, Title 2, Oklahoma Statutes, Section 3-81 et seq. and all rules and regulations promulgated thereunder and adopted by the Board of Agriculture and all federal rules & regulations thereto. I also certify that the information on this application is true and correct. I agree that when any change in the information on this form occurs, I WILL NOTIFY THE DEPARTMENT OF AGRICULTURE, FOOD, & FORESTRY in writing immediately.

15. SIGNATURE OF FIRM OWNER OR AUTHORIZED REPRESENTATIVE DATE

Pay by Credit Card: Card # Amount \$

Type of Card: VISA MasterCard Discover Exp Date (mm/yyyy) /

Name on Card

**PLAN OF ACCESS TO CLOSED GATED COMMUNITY OR RESIDENCE FORM**

Effective May 12, 2005, applicators that live behind gated communities or working from a residence are required to submit a plan of access for Board review of application records. The principal place of business where records are maintained shall be easily accessible to authorized agents of the Board during reasonable business hours. Commercial and noncommercial applicators that live behind gated communities or working from a residence must complete this form and provide adequate information prior to the issuance of a commercial/noncommercial license.

COMPANY NAME: \_\_\_\_\_

BUSINESS LOCATION ADDRESS/DIRECTIONS (include city and state):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_

WHAT ARE YOUR BUSINESS HOURS? \_\_\_\_\_

PLAN OF ACCESS FOR AUTHORIZED AGENTS OF THE BOARD DURING REASONABLE BUSINESS HOURS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE: \_\_\_\_\_ AUTHORIZED AGENT SIGNATURE: \_\_\_\_\_