



Application for Private Pesticide Applicator License

Please complete an application for each person by typing or printing the requested information and check all boxes that apply. Then mail the completed form with a check payable to Treasurer, State of Maine to this address: Board of Pesticides Control, 28 State House Station, Augusta, ME 04333-0028

Please fill in any blanks and correct any information that has changed. Check here if anything has changed.

Name _____		Social Security # Required _____		Date of Birth _____	
Mailing Address _____		City _____		State _____	Zip Code _____
Signature of Licensee _____		E-mail Address _____		Cell Phone _____	
Farm Name _____		Home Telephone # _____		Work Telephone # _____	
Physical Location (Road, Street, Route and Number) _____		City _____		State _____	Zip Code _____

Application For:

- Initial License \$15.00 fee Replacement License \$5.00 fee License Renewal \$15.00 fee

Pesticides Used For - check major crop(s) only

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> (A) Animal | <input type="checkbox"/> (B) Blueberry | <input type="checkbox"/> (C) Orchard Fruit | <input type="checkbox"/> (D) Potatoes |
| <input type="checkbox"/> (E) Vegetables | <input type="checkbox"/> (F) Forage | <input type="checkbox"/> (G) Grain | <input type="checkbox"/> (H) Small Fruit |
| <input type="checkbox"/> (I) Forestry | <input type="checkbox"/> (J) Greenhouse | <input type="checkbox"/> (K) Nursery | <input type="checkbox"/> (L) Private - Turf |
| <input type="checkbox"/> (M) Cranberry | | | |

For Board Use Only

Initial Certification Date _____	Exam(s) _____	Fee Required _____
Check # _____	Check Date _____	Check Amount _____
License # _____	Audit # _____	Date Sent _____
		Date Issued _____
		New Expiration Date _____