



Application for Restricted Use Pesticide Dealer License

Please complete an application for each candidate by typing or printing the requested information and check all boxes that apply. If renewal, enclose any sales reports. Then mail the completed application 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 _____ | |
| Home Telephone _____ | Home Cell Phone _____ | E-mail Address _____ | | |
| Home Address _____ | | City _____ | State _____ | Zip Code _____ |
| Company _____ | | Federal ID # Required _____ | | |
| Company Telephone _____ | Company Cell Phone _____ | E-mail Address _____ | | |
| Business Mailing Address _____ | | City _____ | State _____ | Zip Code _____ |
| Signature of Licensee _____ | | | Title _____ | |

Employee or Officer in Charge of Dealership Authorized to Receive Summons in Maine

| | | | | |
|--------------------------------|--|------------------------|-------------|----------------|
| Name _____ | | Telephone Number _____ | | |
| Business Mailing Address _____ | | City _____ | State _____ | Zip Code _____ |

Application For:

- Initial License \$20.00 fee Replacement License \$5.00 fee License Renewal \$20.00 fee

Sales Report Status (Must be completed for all renewals)

- No Reportable Sales Report is Enclosed Report Submitted by _____

Plant Incorporated Protectant Status: Applicant intends to distribute plant-incorporated protectants, e.g., Bt Field Corn

Required: Check One Yes No

For Board Use Only

| | | | | |
|----------------------------------|------------------|-------------------------------------|------------------|-------------------|
| Fee Required _____ | | Fee Paid _____ | | |
| Check # _____ | Check Date _____ | CheckAmount _____ | | |
| Date Tested _____ | | Certification Expiration Date _____ | | |
| Company/Business License # _____ | | Extend Certification To _____ | | |
| License # _____ | Audit # _____ | Date Sent _____ | Issue Date _____ | Expire Date _____ |