

**Idaho State Department of Agriculture**

Division of Agricultural Resources

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**OFFICE USE ONLY**

Receipt Date \_\_\_\_\_

Check # \_\_\_\_\_

Fee \$ \_\_\_\_\_

Record # \_\_\_\_\_

**2010/2011 PESTICIDE LICENSE APPLICATION**

Please Print

APPLICANT \_\_\_\_\_ SS# \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_ COUNTY \_\_\_\_\_

HOME PH \_\_\_\_\_ FARM/COMPANY NAME \_\_\_\_\_

- NOTES:**
- (1) List chemigation systems on inventory of chemigation systems form (attach additional sheets if necessary) if you are applying for a chemigation license.
  - (2) Out-of-state applicants seeking reciprocity (RU only) must attach a copy of their current year home state license to this application.
  - (3) Dates of expiration correspond with the first letter of your last name (see chart below).
  - (4) If you are renewing your license, attach a copy of the front and back of your signed license.
  - (5) Government Agencies are exempt from licensing fees for Government license use only.

LAST NAME		LICENSE EXPIRES
Odd Year	Even Year	
A-D	M-P	MARCH
E-H	Q-T	JULY
I-L	U-Z	OCTOBER

I am applying for:

\_\_\_ Restricted Use (RU) Pesticide Category      \$10.00 fee

\_\_\_ Chemigation (CH) Category      \$20.00 fee

\_\_\_ Both RU & CH Categories      \$30.00 fee

\_\_\_ Government Agency Employees      No fee (Exemption does not apply for personal use)

(Mark appropriate categories above)

*I certify that this information is correct. I am at least eighteen (18) years of age.*

DATE \_\_\_\_\_ APPLICANT SIGNATURE \_\_\_\_\_