IDAHO STATE DEPARTMENT OF AGRICULTURE
Division of Agricultural Resources
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Boise, Idaho 83707
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FOR OFFICE USE ONLY
Date Received_____
Check Number_____
Amount_____
Person_____
Company_____

PROFESSIONAL APPLICATOR & DEALER LICENSE APPLICATION-(2010)

(PLEASE TYPE OR PRINT)

Applicant _____ Date of Birth _____ Soc. Sec. # _____
(Legal Name)

Home Address _____ Home Telephone # _____

City _____ State _____ Zip _____ County _____

Company _____ Business Telephone # _____

Company Address _____ City _____ State _____ Zip _____

Location _____ County _____
(*If different than company mailing address…Include city, state and zip code)*

PROFESSIONAL PESTICIDE APPLICATOR LICENSE FEES
- ❑ **$60** - Last name "M" through "Z" licenses issued between November 1, 2009 and November 15, 2010
- ❑ **$120** - Last name "A" through "L" licenses issued between November 1, 2009 and November 1, 2010

PESTICIDE DEALER LICENSE FEES
- ❑ **$100** - Fee for a two-year license that is renewable in August of even years **($50 from July 31, 2009 to July 31, 2010**).

1. **PROFESSIONAL PESTICIDE APPLICATION LICENSE EXPIRATION DATES:**
   Last name "A" through "L" – License expires on December 31 of odd numbered years (2011, 2013)
   Last name "M" through "Z" – License expires on December 31 of even numbered years (2010, 2012)
2. **FINANCIAL RESPONSIBILITY: Coverage Provided by:** *Please mark the appropriate box.*
   - ❑ **Applicant**
   - ❑ **Employer_____, Or**
   - ❑ **Both** (Self-employed and work for a company.)

   All Professional Applicators must provide proof on financial responsibility (i.e. applicator insurance, bond, certificate of deposit, etc.) in order to be issued a license.
   Idaho Certificate of Insurance or other approved documentation of financial responsibility may be supplied to ISDA by a company wishing to insure all their professional applicators in the scope of their employment. Proof of financial responsibility must be provided with this application for applicators not covered by an approved company coverage document.
   Exemptions: Professional Applicators who are consulting only must submit a completed "Exemption from Financial Responsibility" form as prescribed by ISDA.
3. **TYPE OF APPLICATION:** *Please mark the appropriate box.*
   ❑ **Ground Application** o **Aerial Operation** o **Both**
   Aerial applicators: Please submit copies of your valid FAA Pilot's License and current FAA Medical Certificate.
4. **GOVERNMENT AGENCIES** are exempt from licensing fees.
5. **OUT-OF-STATE APPLICANTS** seeking reciprocity must attach a copy of their current year home state license.
6. **Current License Holders** renewing their licenses must send a copy of the front and back of their signed license.

I certify that I am at least eighteen (18) years of age and the information on this application is true and correct.

DATE:_____ APPLICANT SIGNATURE:_____