



Washington
State Department of
Agriculture

Agricultural Environmental Services Division

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Toll Free: 877-301-4555 | license@agr.wa.gov

Office Use Only

Issued: _____

Cashier Use Only

2026 Commercial Applicator Renewal Application

Renew online: <https://fortress.wa.gov/agr/apps/PMLicRenewal/>

Print any necessary license information changes on the application.

Change of Applicator ☐ Yes	Check all application methods that apply ☐ Air ☐ Ground ☐ Chemigation ☐ Fertigation	UBI Number	
Applicator First Name		Middle Name	Last Name
Birth Date	Phone Number	License Number	
Applicator Home Mailing Address		City	State Zip Code
Company Name (List DBAs on reverse side)		Company Email Address	Company Phone Number
Company Mailing Address		City	State Zip Code
Street Address — Physical Site Where Business Operates (Required)		City	State Zip Code

Business Structure

One of the following **must** apply in order for you to qualify for a Commercial Applicator license. Please check the applicable statement:

- ☐ I am the sole owner and manager of the pest control business.
- ☐ I am a part-owner of the pest control business and manage its pesticide application activities.
- ☐ I have no ownership interest in the business but manage its pesticide application activities without the owner(s) participation.

(Affidavit of Management Responsibility on reverse side must be completed and notarized.)

- ☐ The business is a corporation. President _____ Vice President _____

Private Applicator /Structural Pest Inspector Renewal

- ☐ Yes, I would like to renew my Private Applicator license.
- ☐ Yes, I would like to renew my Structural Pest Inspector license.

Renewal Fee Information and Signature

Instructions: Complete the "Fee Information" section below. If submitting this application after January 1, you must pay the penalty fee or sign the "Penalty Fee Exemption Statement" stating that you have not operated as a Commercial Applicator since the expiration of your last license. **Payment of the penalty fee shall not exempt you from any enforcement action by WSDA for any violation of [RCW 15.58](#) or [RCW 17.21](#).** After completing the fee information (and penalty exemption, if required), sign and date the application.

<u>Fee Information</u> License Fee: \$250.00 (includes one spray apparatus) \$ <u>7101/7110</u> Additional Equipment (\$27.00 each) _____ x \$27 = \$ _____ Add \$25 Penalty Fee after January 1 (unless exemption statement signed): \$ <u>7102</u> Total Remittance: \$ _____ Make check payable to WSDA *	<u>Penalty Fee Exemption Statement</u> (See instructions above) I have not operated as a Commercial Applicator since the expiration of my last license. Signature of Applicant: _____ Date: _____ <u>Applicant Signature</u> I verify that the information provided on this application is true and to the best of my knowledge. Signature of Applicant: _____ Date: _____
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*Checks returned by the bank will be charged a handling fee of \$25.00 ([RCW 62A.3-515 \(a\)](#) and [62A.3-520](#))

Ground /Chemigation Apparatus

Instructions: Use this section to list equipment for renewal or add equipment not registered with WSDA.

Note: Hand sized pressurized devices and non-motorized backpack sprayers do not need to be licensed.

	No. 1	No. 2	No. 3	No. 4	No. 5
Description of Apparatus (not make of vehicle)					
Number and Size of Tanks					
Office Use Only					
Aerial Equipment	FAA Ag. Certificate Number: _____				
'N' # of Aircraft or 'FA' # of Drone					
Make and Color					
Helicopter (H), Plane (P), or Drone (D)					
Office Use Only					

Additional DBAs (Doing Business As)

Legal Agent

Out-of-state company must provide name and physical address of a Washington based agent to receive legal documents.

License will NOT be issued unless information provided.

Name:

Physical Address:

Affidavit of Management Responsibility

 **Only complete the remainder of this form if you chose "Business Structure 3" as defined on the front side.**

We, the undersigned, affirm that _____ has no ownership interest in
Name of Commercial Applicator
_____, but manages its pesticide application activities without the owner(s) participation.
Business Name

Printed Name of Business Owner, Partner, or Officer

Title

Signature

Date

Signature of Commercial Applicator

Date

Notary Public

I am notarizing signature of: _____
Name of Commercial Applicator

State of _____ County of _____ Signed or attested before me on _____
Date

By _____ Appointment expires _____
Name of Notary Public Signature of Notary Public

Notary Public

I am Notarizing signature(s) of: _____
Name of Business Owner, Partner, or Officer

State of _____ County of _____ Signed or attested before me on _____
Date

By _____ Appointment expires _____
Name of Notary Public Signature of Notary Public