COMMERCIAL APPLICATOR PESTICIDE LICENSE APPLICATION – FORM A

Complete FORM B if you have employees who apply pesticides or if you have more than one business location.

NOTE: COMMERCIAL APPLICATOR MUST BE LICENSED IN ALL CATEGORIES THAT THE COMPANY OPERATES.

NEW LICENSEES:

- New
- Retake
  - Check here if you have already paid for this year’s license

CURRENT LICENSEES:

- Adding: CATEGORY LICENSE
- Recertifying
- Reciprocal

LIST STATE

APPLICATION METHOD (Check all that apply):

- AIR
- GROUND
- CHEMIGATION
- FERTIGATION

- Check if you need a Structural Pest Inspector (SPI) license (no fee). Note: You may need a SPI Company license.

EXAMINER USE ONLY

LICENSE FEE: $ ____________________

EXAM FEE: $ ____________________

EQUIPMENT: $ ____________________

TOTAL FEES PAID: $ ____________________

RECEIPT NO. ____________________

CHECK NUMBER / MONEY ORDER: ____________________

AM / PM ____________________

EXAM CATEGORIES DATE SCORE

LAWs AND SAFETY

WJ) AG. WEED CONTROL

Q) AQUATIC

OW) ORN. WEED CONTROL

RW) RIGHTS-OF-WAY

AC) AG. INSECT & DISEASE

R) AQUATIC IRRIGATION

OC) ORN. INSECT & DISEASE

S) DEMOSSING

D) PCO GENERAL

SG) STORED GRAIN

E) PCO STRUCTURAL

P) SPI GENERAL

H) PUBLIC HEALTH CONTROL

P) SPI PRACTICAL

IP) INT. PLANT

ST) STUMP TREATMENT

K) LIVESTOCK

W) WOOD TREATMENT

M) SEED TREATMENT

Z) OTHER

O) SOIL FUMIGATION RMM

7101 / 7110*
### GROUND/ CHEMIGATION APPARATUS

Instructions: Only complete this section if your company uses motorized, mechanical or pressurized equipment to apply pesticides. You do not need to complete this section if you use only hand sized pressurized devices and/or non-motorized backpack sprayers.

<table>
<thead>
<tr>
<th></th>
<th>No. 1</th>
<th>No. 2</th>
<th>No. 3</th>
<th>No. 4</th>
<th>No. 5</th>
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<tbody>
<tr>
<td>Make of Apparatus</td>
<td>No Fee Required</td>
<td></td>
<td>Include $27 for each additional apparatus</td>
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<tr>
<td>Number and Size Of Tanks</td>
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<td>WSDA License Plate No.</td>
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### AERIAL EQUIPMENT: FAA AG. CERTIFICATE NO. ____________________

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<thead>
<tr>
<th>'N' # of Aircraft or 'FA' # of Drone</th>
<th>Make and Color</th>
<th>Helicopter (H), Plane (P) or Drone (D)</th>
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### COMMERCIAL APPLICATOR MOTOR VEHICLE IDENTIFICATION STICKER - Reference WAC 16-228-1555

**All** motor vehicles involved in a commercial ground applicator business which are not identified by a WSDA apparatus license plate must have a WSDA Commercial Applicator sticker affixed to the vehicle windshield. (No fee required)

NUMBER OF WINDSHIELD STICKERS NEEDED: _______________________

### ADDITIONAL DBA’s:

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### LEGAL AGENT: Out-of-state company must provide name & physical address of a Washington based agent to receive legal documents. License will NOT be issued unless information provided.

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### AFFIDAVIT OF MANAGEMENT RESPONSIBILITY

**STOP** 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 ___________________________________________________________

but manages its pesticide application activities without the owner(s) participation.

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<tbody>
<tr>
<td>NAME OF COMMERCIAL APPLICATOR</td>
<td>BUSINESS NAME</td>
<td>PRINTED NAME OF BUSINESS OWNER, PARTNER OR OFFICER</td>
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<tr>
<td></td>
<td></td>
<td>TITLE</td>
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<tr>
<td>SIGNATURE OF COMMERCIAL APPLICATOR</td>
<td>DATE</td>
<td>SIGNATURE OF BUSINESS OWNER, PARTNER OR OFFICER</td>
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### NOTARY PUBLIC

I am Notarizing signature of __________________________________________

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<td>State of</td>
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<td>Signed or attested before me on ________________________ by ________________________</td>
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PRINT NAME OF COMMERCIAL APPLICATOR

PRINT NAME OF NOTARY PUBLIC

SIGNATURE OF NOTARY PUBLIC

My appointment expires ________________________

### NOTARY PUBLIC

I am Notarizing signature(s) of __________________________________________

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PRINT NAME OF BUSINESS OWNER, PARTNER OR OFFICER

PRINT NAME OF NOTARY PUBLIC

SIGNATURE OF NOTARY PUBLIC

My appointment expires ________________________