



Washington
State Department of
Agriculture

Pesticide Licensing & Recertification Program
PO Box 42591
Olympia, WA 98504-2591
Toll free (877) 301-4555
license@agr.wa.gov

Office Use Only
Issued: _____

Commercial Applicator Pesticide License Affidavit of Management Responsibility

Instructions: Use this form to document Business Structure 3 where the Commercial Applicator has no ownership interest in the business but manages its pesticide application activities without the owner(s) participation.

Company Information		
Company Name		License Number
Applicator First Name	Middle Name	Last Name
DBA (Doing Business As)		UBI Number
Signature	Date	Phone Number

Affidavit of Management Responsibility			
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	

Return completed and notarized form to:

WSDA Licensing & Recertification Program
PO BOX 42591
Olympia WA, 98504-2591