COMPLETE COMPANY STREET ADDRESS – Physical site where business operates (Required)

COMPANY MAILING ADDRESS (Include City, State, Zip)

E-MAIL ADDRESS

SIGNATURE OF APPLICANT

DATE

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

Business Structure 1: I am the sole owner and manager of the pest control business.

Business Structure 2: I am a part-owner of the pest control business and manage its pesticide application activities.

Business Structure 3: 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.)

Business Structure 4: The business is a corporation. President __________________________ V. Pres. __________________________

EXAMINER USE ONLY

EXAM CATEGORIES DATE SCORE EXAM CATEGORIES DATE SCORE

LAWs AND SAFETY

P) PEST ANIMAL CONTROL

 swimsuit or safety equipment

A) AGR. WEED CONTROL

Q) AQUATIC

B) ORN. WEED CONTROL

R) AQUATIC IRRIGATION

C) AG. INSECT & DISEASE

S) DEMOSsING

D) PCO GENERAL

G) STORED GRAIN

E) PCO STRUCTURAL

H) PUBLIC HEALTH CONTROL

I) SPI GENERAL

J) LIVESTOCK

K) INTERPLANT

L) SEED TREATMENT

M) SOIL FUMIGATION RMM

H) PCO STRUCTURAL

I) SPI GENERAL

J) LIVESTOCK

K) INTERPLANT

L) SEED TREATMENT

M) SOIL FUMIGATION RMM

EXAM FEE: $ 25.00

EQUIPMENT:

$ X $27.00 =$

TOTAL FEES PAID: $ 7101

RECEIPT NO. __________________

CHECK NUMBER / MONEY ORDER:

AM / PM
### GROUND/CHEMIGATION APPARATUSES

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>No.</th>
<th>Make of Apparatus</th>
<th>Number and Size Of Tanks</th>
<th>WSDA License Plate No.</th>
</tr>
</thead>
</table>

**AERIAL EQUIPMENT:**

- **FAA AG. CERTIFICATE NO.**
- 'N' # of Aircraft or 'FA' # of Drone
- Make and Color
- Helicopter (H), Plane (P) or Drone (D)
- Office Use Only

### 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:

<table>
<thead>
<tr>
<th>Name</th>
<th>Date</th>
</tr>
</thead>
</table>

### 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.

### 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.

<table>
<thead>
<tr>
<th>NAME OF COMMERCIAL APPLICATOR</th>
<th>BUSINESS NAME</th>
<th>PRINTED NAME OF BUSINESS OWNER, PARTNER OR OFFICER</th>
<th>TITLE</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>SIGNATURE OF COMMERCIAL APPLICATOR</th>
<th>DATE</th>
<th>SIGNATURE OF BUSINESS OWNER, PARTNER OR OFFICER</th>
<th>DATE</th>
</tr>
</thead>
</table>

### NOTARY PUBLIC

I am Notarizing signature of ____________________________________________________________________

| PRINT NAME OF COMMERCIAL APPLICATOR | NAME OF COMMERCIAL APPLICATOR |
|-------------------------------------|______________________________|

<table>
<thead>
<tr>
<th>State of __________________________</th>
<th>County of ____________________</th>
</tr>
</thead>
</table>

Signed or attested before me on ____________________________________________________________________ by ____________________________________________________________________

<table>
<thead>
<tr>
<th>PRINT NAME OF NOTARY PUBLIC</th>
<th>SIGNATURE OF NOTARY PUBLIC</th>
</tr>
</thead>
</table>

My appointment expires ____________________________________________________________________

I am Notarizing signature(s) of ____________________________________________________________________

<table>
<thead>
<tr>
<th>PRINT NAME OF BUSINESS OWNER, PARTNER OR OFFICER</th>
<th>BUSINESS OWNER, PARTNER OR OFFICER</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>State of __________________________</th>
<th>County of ____________________</th>
</tr>
</thead>
</table>

Signed or attested before me on ____________________________________________________________________ by ____________________________________________________________________

<table>
<thead>
<tr>
<th>PRINT NAME OF NOTARY PUBLIC</th>
<th>SIGNATURE OF NOTARY PUBLIC</th>
</tr>
</thead>
</table>

My appointment expires ____________________________________________________________________