



Washington
State Department of
Agriculture

Pesticide Management Division
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Toll Free 877-301-4555
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OFFICE USE ONLY
Lic. No. _____
ISSUED: _____
EXPIRES: _____

CASHIER USE ONLY

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.

UBI NUMBER

NEW LICENSEES:	CURRENT LICENSEES:
<input type="checkbox"/> New <input type="checkbox"/> Retake <input type="checkbox"/> Check here if you have already paid for this year's license	Adding: <input type="checkbox"/> CATEGORY <i>My license number is:</i> _____ <input type="checkbox"/> LICENSE <input type="checkbox"/> Recertifying <input type="checkbox"/> Reciprocal _____ LIST STATE _____ Is this a change of applicator? <input type="checkbox"/> Yes

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.

APPLICATOR NAME (Last, First, Middle) PLEASE PRINT CLEARLY	BIRTHDATE	SOCIAL SECURITY NO. (Required)	HOME TELEPHONE NO. ()
APPLICATOR HOME ADDRESS (City, State, Zip)		HOME E-MAIL ADDRESS	
COMPANY NAME (Include DBA – List Additional DBA's on reverse side)	COMPANY TELEPHONE NO. ()	COMPANY FAX NO. ()	
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		
AW) 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			PI) SPI GENERAL		
H) PUBLIC HEALTH CONTROL			PI) SPI PRACTICAL		
IP) INT. PLANT			ST) STUMP TREATMENT		
L) LIVESTOCK			W) WOOD TREATMENT		
M) SEED TREATMENT			Z) OTHER		
O) SOIL FUMIGATION RMM					

LICENSE FEE: \$ _____

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.

	No. 1	No. 2	No. 3	No. 4	No. 5
Make of Apparatus					
Number and Size Of Tanks					
WSDA License Plate No.					

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:

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

 **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 OF COMMERCIAL APPLICATOR

DATE

SIGNATURE OF BUSINESS OWNER, PARTNER OR OFFICER

DATE

NOTARY PUBLIC

I am Notarizing signature of _____

PRINT NAME OF COMMERCIAL APPLICATOR

State of _____

County of _____

Signed or attested before me on _____ by _____

PRINT NAME OF NOTARY PUBLIC

SIGNATURE OF NOTARY PUBLIC

My appointment expires _____

NOTARY PUBLIC

I am Notarizing signature(s) of _____

PRINT NAME OF BUSINESS OWNER, PARTNER OR OFFICER

State of _____

County of _____

Signed or attested before me on _____ by _____

PRINT NAME OF NOTARY PUBLIC

SIGNATURE OF NOTARY PUBLIC

My appointment expires _____