Washington State Department of Agriculture

Pesticide Management Division
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COMMERCIAL APPLICATOR PESTICIDE LICENSE APPLICATION

FORM B

Instructions: Complete this form if you have employees who apply pesticides for your company and/or if your Commercial Applicator license covers multiple business locations.

COMPANY NAME ***PLEASE PRINT CLEARLY***		UBI NUMBER
COMMERCIAL APPLICATOR NAME *(Last, First, Middle)*		LICENSE NUMBER
COMPLETE COMPANY STREET ADDRESS – *Physical site where business operates (**Required**)*		COUNTY
CITY	STATE	ZIP
SIGNATURE		DATE

COMPANY EMPLOYED COMMERCIAL OPERATORS

NAME *(Last, First, Middle)*	LICENSEE NUMBER	EMPLOYMENT STATUS	
		HIRE DATE*	END DATE

**Only complete new hire date if not previously reported.*

BUSINESS LOCATIONS FOR WHICH THIS LICENSE APPLIES

Bus. Name_____
Street Address: _____
City, State, Zip: _____
Telephone: (_____) _____

Bus. Name_____
Street Address: _____
City, State, Zip: _____
Telephone: (_____) _____

Bus. Name_____
Street Address: _____
City, State, Zip: _____
Telephone: (_____) _____

Bus. Name_____
Street Address: _____
City, State, Zip: _____
Telephone: (_____) _____

List additional names on reverse