



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

COMPANY EMPLOYED COMMERCIAL OPERATORS			
NAME <i>(Last, First, Middle)</i>	LICENSEE NUMBER	EMPLOYMENT STATUS	
		DATE NEW*	DATE NO LONGER EMPLOYED

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

BUSINESS LOCATIONS FOR WHICH THIS LICENSE APPLIES			
Bus. Name _____ Street Address: _____ City, State, Zip: _____ Telephone: (_____) _____ County: _____	Bus. Name _____ Street Address: _____ City, State, Zip: _____ Telephone: (_____) _____ County: _____		
Bus. Name _____ Street Address: _____ City, State, Zip: _____ Telephone: (_____) _____ County: _____	Bus. Name _____ Street Address: _____ City, State, Zip: _____ Telephone: (_____) _____ County: _____		