



Washington
State Department of
Agriculture

Pesticide Management Division
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OFFICE USE ONLY	
LIC. NO. _____	TYPE O1
ISSUED: _____	

CASHIER USE ONLY

2017 COMMERCIAL APPLICATOR RENEWAL APPLICATION — FORM A

Renew online using electronic check at: <https://fortress.wa.gov/agr/apps/PMLicRenewal/>

Print any necessary license information changes on the application.

Yes, I need a new plastic card

IS THIS A CHANGE OF APPLICATOR? <input type="checkbox"/> YES	CHECK ALL APPLICATION METHODS THAT APPLY <input type="checkbox"/> AIR <input type="checkbox"/> GROUND <input type="checkbox"/> CHEMIGATION <input type="checkbox"/> FERTIGATION	UBI No.
APPLICATOR NAME	BIRTHDATE	HOME TELEPHONE NO.
APPLICATOR HOME MAILING ADDRESS (Include City, State, Zip)		LICENSE NO.
COMPANY NAME (List DBA's on reverse side)		
COMPANY MAILING ADDRESS		COMPANY TELEPHONE NUMBER
CITY	STATE	ZIP
COMPLETE STREET ADDRESS - PHYSICAL SITE WHERE BUSINESS OPERATES (Required)		CITY
		STATE
		ZIP

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. _____

PRIVATE APPLICATOR / STRUCTURAL PEST INSPECTOR RENEWAL

- Yes, I would like to renew my Private Applicator license. (If you would like information on adding this license, contact Pesticide Licensing.)
- Yes, I would like to renew my Structural Pest Inspector license. (If you would like information on adding this license, contact Pesticide Licensing.)

RENEWAL FEE INFORMATION AND SIGNATURE

INSTRUCTIONS: Complete the "Fee Information" section below. If submitting this application after January 1, you must pay the penalty fee or sign the "Penalty Fee Exemption Statement" stating that you have not operated as a Commercial Applicator since the expiration of your last license. **Please note: Payment of the penalty fee shall not exempt you from any enforcement action by WSDA for any violation of RCW 15.58 or RCW 17.21.** After completing the fee (and penalty if required) information, please sign and date your application.

FEE INFORMATION	PENALTY FEE EXEMPTION STATEMENT
License Fee: (includes one spray apparatus) \$ 215.00	(See instructions above)
Additional Equipment \$27.00 ea.	I hereby state that I have not operated as a Commercial Applicator since the expiration of my last license.
_____ @ \$27. = \$ _____ 7101	Signature of Applicant: _____ Date: _____
Add \$25. Penalty Fee after January 1 (unless exemption statement is signed): \$ _____ 7102	APPLICANT SIGNATURE
Total Remittance: \$ _____ Make check payable to: WSDA	I verify that the information provided on this application is true and to the best of my knowledge.
	Signature of Applicant: _____ Date: _____

GROUND/CHEMIGATION APPARATUSES

Instructions: Use this section to add motorized, mechanical or pressurized pesticide application equipment not previously licensed. Note: Hand sized pressurized devices and non-motorized backpack sprayers do not need to be licensed.

	No. 1	No. 2	No. 3	No. 4	No. 5
Description of Apparatus (not make of vehicle)					
Number and Size Of Tanks					
Office Use Only					

AERIAL EQUIPMENT:	FAA AG. CERTIFICATE NO. _____				
'N' Number of Aircraft	N	N	N	N	N
Make and Color					
Helicopter (H) or Plane (P)					
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

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

NAME OF COMMERCIAL APPLICATOR

_____ but manages its pesticide application activities without the owner(s) participation.

BUSINESS NAME

_____	_____	_____	_____
<small>SIGNATURE OF COMMERCIAL APPLICATOR</small>	<small>DATE</small>	<small>SIGNATURE OF BUSINESS OWNER, PARTNER OR OFFICER</small>	<small>TITLE</small>
_____	_____	_____	_____
<small>SIGNATURE OF BUSINESS OWNER, PARTNER OR OFFICER</small>	<small>DATE</small>	<small>SIGNATURE OF COMMERCIAL APPLICATOR</small>	<small>DATE</small>

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 _____