



In accordance with 1994 Public Act 451, Part 83

## Pesticide Applicator's Business License

License Year Ending: December 31 \_\_\_\_\_ Status:  New  Add Category  
 License No. of Establishment \_\_\_\_\_  No Longer Needed

### Business Information (Please print)

Business Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_  
 County: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Business Phone: (\_\_\_\_) \_\_\_\_\_ Business Fax: (\_\_\_\_) \_\_\_\_\_  
 Business Email: \_\_\_\_\_  
 Mailing address if different from above: Street or P.O. Box: \_\_\_\_\_  
 \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Blank Space**  
 For Official Use Only

### Business/Owner Information

Ownership Type:  Corporation  Sole Ownership  Partnership  L.L.C.  Doing Business As (DBA)  
 Corporation/DBA Name: \_\_\_\_\_ MI Corp. ID No. \_\_\_\_\_  
 Street Address of Corporation/DBA: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_  
 Emergency Contact: \_\_\_\_\_ Cell/Phone: (\_\_\_\_) \_\_\_\_\_  
 Enclose copy of County Assumed Name/DBA Certificate: Exp. Date \_\_\_\_\_

Federal/Tax ID #

### License Categories (Please check all that apply)

<input type="checkbox"/>	<b>1A</b>	<input type="checkbox"/>	<b>1B</b>	<input type="checkbox"/>	<b>1C</b>	<input type="checkbox"/>	<b>1D</b>	<input type="checkbox"/>	<b>2</b>	<input type="checkbox"/>	<b>2A</b>	<input type="checkbox"/>	<b>3A</b>	<input type="checkbox"/>	<b>3B</b>	<input type="checkbox"/>	<b>4</b>	<input type="checkbox"/>	<b>5</b>	<input type="checkbox"/>	<b>5A</b>
	Field Crops		Vegetable Crops		Fruit Crops		Livestock Pest Mgmt.		Forest Pest Mgmt.		Wood Preservation		Turfgrass Pest Mgmt.		Ornamental Pest Mgmt.		Seed Treatment		Aquatic Pest Mgmt.		Swimming Pools
<input type="checkbox"/>	<b>5B</b>	<input type="checkbox"/>	<b>5C</b>	<input type="checkbox"/>	<b>6</b>	<input type="checkbox"/>	<b>7A</b>	<input type="checkbox"/>	<b>7B</b>	<input type="checkbox"/>	<b>7D</b>	<input type="checkbox"/>	<b>7E</b>	<input type="checkbox"/>	<b>7F</b>	<input type="checkbox"/>	<b>7G</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Microbial Pest Mgmt.		Sewer Line Pest Mgmt.		Right-of-Way Pest Mgmt.		General Pest Mgmt.		Wood Destroying Pest Mgmt.		Vertebrate Pest Mgmt.		Interior Plant Pest Mgmt.		Mosquito Mgmt.		Domestic Animal Pest Mgmt.		Fumigation		Aerial

### License Fee (Non-refundable)

AOBJ: 0186

**License Fee \$100**

By signing below I certify that the foregoing is true and accurate to the best of my knowledge and belief and that I will comply with the provisions of 1994 Public Act 451, Part 83, as amended, and all regulations promulgated thereunder.

Payment Method: Check/Money Order No. \_\_\_\_\_ Amount enclosed: \_\_\_\_\_

**Please make check/money order payable to the State of Michigan and submit to the address at the top of the page.**

Person in Charge Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please print your name here: \_\_\_\_\_

Title: \_\_\_\_\_

Application continues  
on the back

**This license will NOT be issued without the above signature, title, and date!**

## Applicator Certification Requirements (Please print)

The business must employ at least one full-time certified applicator at each business location, available during regular business hours, in each licensed category(s). List ALL applicators for your firm (First name, Last name, certification or registration number and expiration date) using an additional sheet if necessary. Please mark the appropriate box if you wish an applicator to be the qualifying applicator for one or more of the categories listed in the License Category section of this application. All applicable category areas must be checked.

Qualifying applicators will need to submit a Notarized Statement of Experience form (PI-217) with this application. If a qualifying applicator does not renew their certification prior to the submission of this application, your license will not be issued in that category.

Indicate number of applicators you employ: Certified applicators \_\_\_\_\_ Registered applicators \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name \_\_\_\_\_

Certification Number: \_\_\_\_\_ Expiration Date: 12/31/\_\_\_\_ Qualifier:  Yes  No

First Name: \_\_\_\_\_ Last Name \_\_\_\_\_

Certification Number: \_\_\_\_\_ Expiration Date: 12/31/\_\_\_\_ Qualifier:  Yes  No

First Name: \_\_\_\_\_ Last Name \_\_\_\_\_

Certification Number: \_\_\_\_\_ Expiration Date: 12/31/\_\_\_\_ Qualifier:  Yes  No

First Name: \_\_\_\_\_ Last Name \_\_\_\_\_

Certification Number: \_\_\_\_\_ Expiration Date: 12/31/\_\_\_\_ Qualifier:  Yes  No

First Name: \_\_\_\_\_ Last Name \_\_\_\_\_

Certification Number: \_\_\_\_\_ Expiration Date: 12/31/\_\_\_\_ Qualifier:  Yes  No

First Name: \_\_\_\_\_ Last Name \_\_\_\_\_

Certification Number: \_\_\_\_\_ Expiration Date: 12/31/\_\_\_\_ Qualifier:  Yes  No

## New applicants must also attach Notarized Statement of Experience form PI-217

Act 451, Part 83, as amended, provides certain experience and/or degree requirements as qualification for a license. Form 217, Notarized Statement of Experience, must be completed and submitted with this application.

## Financial Responsibility Requirement

Liability insurance is required for licensing. **A certificate of liability insurance must accompany this application.** See the instructions for minimum insurance requirements.

Insurance Company: \_\_\_\_\_ Policy Expiration Date: \_\_\_\_\_

## Out Of State License Applicants Only

I (we) hereby appoint the following person who resides in Michigan to accept service of notice or process arising in any court from any action, criminal or civil, resulting from my (our) operations in the State of Michigan:

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_