



**Michigan Department Of Agriculture
& Rural Development**

Pesticide & Plant Pest Management Division
Central Licensing Unit

**PESTICIDE APPLICATION BUSINESS LICENSE
RENEWAL FOR _____**

IN ACCORDANCE WITH THE PROVISIONS OF ACT NO. 451 PART 83, PUBLIC ACTS OF 1994 AS AMENDED, APPLICATION IS HEREBY MADE FOR COMMERCIAL PESTICIDE APPLICATOR'S LICENSE.

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|--|--|---|
| 1. Mailing Address | LICENSE FEE: \$100.00 Payable to "State of Michigan" | |
| | 2. County | Region |
| | Out of Business <input type="checkbox"/> | |
| 3. Emergency Name and Phone # (24 hour # & Contact Person) | | |
| 5. Physical Address if different from Mailing Address | 4. Email Address | |
| | 6. Business Phone | 7. Business Fax # |
| 8. Corporation in Michigan (Including LLC) ID # | 9. Enclose copy of Assumed Name Expire: | 10. Enclose copy of Insurance Expire: |

11. INDICATE CATEGORY(S) Please mark all category(s) you wish to renew with an asterisk (*) in the list below. NOTE: The firm must employ at least one full time, certified, qualifying applicator at each business location for every category(s) of pesticide application in which the firm intends to conduct business.

| | | | | | | | | | | | | | | | | | | | | |
|----|----|----|----|-----|---|----|----|----|---|---|----|----|----|---|----|----|----|----|----|----|
| CO | 1A | 1B | 1C | 1D | 2 | 2A | 3A | 3B | 4 | 5 | 5A | 5B | 5C | 6 | 7A | 7B | 7D | 7E | 7F | 7G |
| 8 | 9 | 10 | AE | FUM | | | | | | | | | | | | | | | | |

12. List all applicators in this area including First name, Last Name, Certification number and expiration date

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ALL LICENSE APPLICANTS

13. This is to 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 Act No. 451 Part 83, P.A. of 1994 as amended and all regulations promulgated thereunder.

| | |
|-----------------------|-------|
| Print Applicant Name | Title |
| Applicant (Signature) | Date |

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