Michigan Department of Agriculture & Rural Development
P.O. Box 30776, Lansing, MI 48909-8246 • 517-284-5771
FAX: 517-284-0457

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 Establisment _____ ☐ 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: (_____)_____

Federal/Tax ID #

Enclose copy of County Assumed Name/DBA Certificate: Exp. Date _____

License Categories (Please check all that apply)

☐ **1A** Field Crops	☐ **1B** Vegetable Crops	☐ **1C** Fruit Crops	☐ **1D** Livestock Pest Mgmt.	☐ **2** Forest Pest Mgmt.	☐ **2A** Wood Preservation	☐ **3A** Turfgrass Pest Mgmt.	☐ **3B** Ornamental Pest Mgmt.	☐ **4** Seed Treatment	☐ **5** Aquatic Pest Mgmt.	☐ **5A** Swimming Pools
☐ **5B** Microbial Pest Mgmt.	☐ **5C** Sewer Line Pest Mgmt.	☐ **6** Right-of-Way Pest Mgmt.	☐ **7A** General Pest Mgmt.	☐ **7B** Wood Destroying Pest Mgmt.	☐ **7D** Vertebrate Pest Mgmt.	☐ **7E** Interior Plant Pest Mgmt.	☐ **7F** Mosquito Mgmt.	☐ **7G** 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

www.michigan.gov/mda-licensing

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:_____