

Michigan Department of Agriculture and Rural Development Pesticide Applicator's Business License Application

STEP 3: License Categories (please check all that apply):

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

STEP 4: License Fee (non-refundable): (AOBJ: 0186)

- License Fee \$100

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.

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.

Person in Charge Signature:

Date:

Printed Name:

Title:

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

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STEP 5: 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: <input type="checkbox"/> Yes <input type="checkbox"/> No
First Name:	Last Name:	
Certification Number:	Expiration Date: 12/31/	Qualifier: <input type="checkbox"/> Yes <input type="checkbox"/> No
First Name:	Last Name:	
Certification Number:	Expiration Date: 12/31/	Qualifier: <input type="checkbox"/> Yes <input type="checkbox"/> No
First Name:	Last Name:	
Certification Number:	Expiration Date: 12/31/	Qualifier: <input type="checkbox"/> Yes <input type="checkbox"/> No
First Name:	Last Name:	
Certification Number:	Expiration Date: 12/31/	Qualifier: <input type="checkbox"/> Yes <input type="checkbox"/> No
First Name:	Last Name:	
Certification Number:	Expiration Date: 12/31/	Qualifier: <input type="checkbox"/> Yes <input type="checkbox"/> No

STEP 6: 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.

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STEP 7: 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:

STEP 8: 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:

Zip: