



Michigan Department of Agriculture & Rural Development

P.O. Box 30776, Lansing, MI 48909-8246 • 517-284-5771

FAX: 517-241-4640

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"/> 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

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: _____