



# 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.

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


**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!