APPLICATION FOR INDIANA PESTICIDE CREDENTIALS

Phone: 765-494-1594 Fax: 765-494-4331

Account #

Print or Type All Information

	licant: Business Name			В#		
,	Business Mailing Address(Street, P.O. Bo	ox)	(City)	(State)	(Zip Code)	
c) E	Business E-mail Address		(Dlayric	allogation of hyginaga if F	O Pov is siven)	
. -			(Physical location of business if P.O. Box is given)			
	Business Phone					
e) I	ndividual's Name(Last)		(Firet)		(MI)	
	Last four (4) digits of your Social Security				(IVII)	
g) S	Signature			Date		
h) [Change of employment. No fee requir	red if holding a lid	cense for the currer	nt license year.		
a) [b) [c)	ck all of the following that apply to this appled to the business location listed above. (Pesticide Business License (Certificant Cat. 12/Wood Destroying Pest Inspect Restricted Use Pesticide Dealer Registed to the individual listed above. (Use a second For Hire Pesticide Applicator License	Include previous to the of Insurance retion Bus. License tration	ly listed credential equired - please en (Insurance requir each individual)	oclose copy) ed)	Annual Fee \$45.00 45.00 45.00	
e) [f) [g) [h) [i) [Not for Hire Pesticide Applicator Lice Public Pesticide Applicator License Cat. 12/Wood Destroying Pest Inspec Public Registered Technician (a fully of theck one: Attended training (date: Registered Technician (a fully certified theck one: Attended training (date:	ense tion License certified & licensea _) / Viewed t & licensed person	person need not appraining (date: need not apply for R	N# PB# WDI# oly) PT# ET) RT#	no fee required 45.00 no fee required	
. Fee T	Total:	(Add all applicable fees and enter total here) \$				
Out d	procity: of state applicants requesting an Indiana of your pesticide applicator license from		licensing from you	r home state, pleaso	e enclose a current	
I requ	(St ctive Date: uest that these credentials be issued (check immediately (All credentials expire December January 1		`	e Certification # fro	m that State)	
	ment checks payable to: Indiana State Chem certificate of insurance (if required) to:	•	na State Chemist ity ty Street			
	FO	R STATE CHEM	IST OFFICE USE			
	Check #	Amount		Entered Under		

Posted