

I. Applicant:

- a) Business Name
b) Business Mailing Address
c) Business E-mail Address
d) Business Phone
e) Individual's Name
f) Last four (4) digits of your Social Security #
g) Signature
h) Change of employment.

B#

II. Type of Credentials Requested:

Check all of the following that apply to this application request.

Issued to the business location listed above. (Include previously listed credential # if known)

- a) Pesticide Business License
b) Cat. 12/Wood Destroying Pest Inspection Bus. License
c) Restricted Use Pesticide Dealer Registration

Annual Fee

Issued to the individual listed above. (Use a separate form for each individual)

- d) For Hire Pesticide Applicator License
e) Not for Hire Pesticide Applicator License
f) Public Pesticide Applicator License
g) Cat. 12/Wood Destroying Pest Inspection License
h) Public Registered Technician
i) Registered Technician

III. Fee Total: (Add all applicable fees and enter total here) \$

IV. Reciprocity:

Out of state applicants requesting an Indiana license based on licensing from your home state, please enclose a current copy of your pesticide applicator license from that state.

V. Effective Date:

I request that these credentials be issued (check one):

- Immediately (All credentials expire December 31st of the year of issuance)
Next January 1

VI. Payment

Mail checks payable to: Indiana State Chemist, along with completed form(s) and certificate of insurance (if required) to: Office of Indiana State Chemist, Purdue University, 175 S. University Street, West Lafayette, IN 47907-2063

FOR STATE CHEMIST OFFICE USE

Check # Amount Entered Under
Posted Account #