

APPLICATION FOR INDIANA PESTICIDE CREDENTIALS

Print or Type All Information

I. Applicant:

- a) Business Name _____ B#
- b) Business Mailing Address _____
(Street, P.O. Box) (City) (State) (Zip Code)
- c) Business E-mail Address _____
(Physical location of business if P.O. Box is given)
- d) Business Phone _____ County _____
- e) Individual's Name _____
(Last) (First) (MI)
- f) Last four (4) digits of your Social Security # _____
- g) Signature _____ Date _____
- h) Change of employment. No fee required if holding a license for the current license year.

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)

- | | <u>Annual Fee</u> |
|---|-------------------|
| a) <input type="checkbox"/> Pesticide Business License (Certificate of Insurance required - please enclose copy) | \$45.00 |
| b) <input type="checkbox"/> Cat. 12/Wood Destroying Pest Inspection Bus. License (<i>Insurance required</i>) | 45.00 |
| c) <input type="checkbox"/> Restricted Use Pesticide Dealer Registration | 45.00 |

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

- | | | |
|--|------------|------------------------|
| d) <input type="checkbox"/> For Hire Pesticide Applicator License OR Category 13 (Limited Certification) | F# _____ | 45.00 |
| e) <input type="checkbox"/> Not for Hire Pesticide Applicator License | N# _____ | 45.00 |
| f) <input type="checkbox"/> Public Pesticide Applicator License | PB# _____ | no fee required |
| g) <input type="checkbox"/> Public Registered Technician (<i>a fully certified & licensed person need not apply</i>) | PT# _____ | no fee required |
| h) <input type="checkbox"/> Registered Technician (<i>a fully certified & licensed person need not apply for RT</i>) | RT# _____ | 45.00 |
| i) <input type="checkbox"/> Cat. 12/Wood Destroying Pest Inspection License | WDI# _____ | 45.00 |

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.

_____ (State)

_____ (License Certification # 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 # _____