



# Application for Restricted Use Pesticide Dealer License

Please complete an application for each candidate by typing or printing the requested information and check all boxes that apply. If renewal, enclose any sales reports. Then mail the completed application with a check payable to Treasurer, State of Maine to this address: Board of Pesticides Control, 28 State House Station, Augusta, ME 04333-0028

Please fill in any blanks and correct any information that has changed. Check here if anything has changed.

Name _____		Social Security # <b>Required</b> _____	Date of Birth _____	
Home Telephone _____		E-mail Address _____		
Home Address _____		City _____	State _____	Zip Code _____
Company _____		Federal ID # <b>Required</b> _____		
Company Telephone _____		E-mail Address _____		
Business Mailing Address _____		City _____	State _____	Zip Code _____
Signature of Licensee _____			Title _____	

## Employee or Officer in Charge of Dealership Authorized to Receive Summons in Maine

Name _____		Telephone Number _____		
Business Mailing Address _____		City _____	State _____	Zip Code _____

### Application For:

- Initial License \$20.00 fee     Replacement License \$5.00 fee     License Renewal \$20.00 fee

### Sales Report Status (Must be completed for all renewals)

- No Reportable Sales     Report is Enclosed     Report Submitted by \_\_\_\_\_

**Plant Incorporated Protectant Status:** Applicant intends to distribute plant-incorporated protectants, e.g., Bt Field Corn

**Required: Check One**     Yes     No

### For Board Use Only

Fee Required _____		Fee Paid _____		
Check # _____	Check Date _____	CheckAmount _____		
Date Tested _____		Certification Expiration Date _____		
Sales Rpt _____		Extend Certification To _____		
License # _____	Audit # _____	Date Sent _____	Issue Date _____	Expire Date _____