



# Application for General Use Pesticide Dealer License

22 MRSA 1471-W requires licensing of companies which distribute general use pesticides in the State of Maine. A copy of this law is enclosed. If you intend to distribute pesticides other than those listed in the exemptions, please type or print the requested information and check all boxes that apply. 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.

Company Name \_\_\_\_\_ Federal ID # **Required**

Headquarters Address (if applies) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Main Physical Location (If applies) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Business Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

## Person Responsible For Sale or Distribution of Pesticides

Company Contact Name \_\_\_\_\_ Company Telephone Number Ext \_\_\_\_\_ Company E-mail Address \_\_\_\_\_

Branch Contact Name \_\_\_\_\_ Branch Telephone Number Ext \_\_\_\_\_ Branch E-mail Address \_\_\_\_\_

- Application For:**
- Initial License \$20.00 fee (No Report Required)
  - License Renewal \$20.00 fee (You must complete sales report status section)
  - Replacement License \$5.00 fee
- Type of Business:**
- Wholesale**       **Retail**       **Both**
- Sales Report Status:**
- Report is Enclosed
- Required: Check One**
- No Pesticides Sold or Offered for Sale
  - No Reportable Sales

**Plant Incorporated Protectant Status:** Applicant intends to distribute plant-incorporated protectants, e.g., Bt Field Corn  
**Required: Check One**     Yes     No

Please list all companies from which you receive pesticides (Name, Address and Phone Number):

---



---



---



---



---



---



---

Continued on back...

Please list all companies to which you distribute pesticides (Name, Address and Phone Number):

---

---

---

---

---

---

---

| <b>For Board Use Only</b> |                     |                     |                   |                        |
|---------------------------|---------------------|---------------------|-------------------|------------------------|
| <i>Check Number</i>       | <i>Check Date</i>   | <i>Check Amount</i> |                   |                        |
| <i>Sales Report</i>       |                     |                     |                   |                        |
| <i>License ID</i>         | <i>Audit Number</i> | <i>Date Sent</i>    | <i>Issue Date</i> | <i>Expiration Date</i> |