



# Application for Spray Contracting Firm License

Chapter 35 of the Board's regulations requires a contracting firm license for all incorporated companies, partnerships or sole proprietors with employees that apply pesticides "for hire" in the State of Maine. Type or print the requested information and check all boxes that apply. Enclose with your application for commercial applicator license. Then mail the completed form 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**

Maine Physical Location \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Corporate Headquarters Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

1) \_\_\_\_\_  
Master Applicator Name \_\_\_\_\_ Business Telephone Number \_\_\_\_\_ E-mail Address \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Branch Address

2) \_\_\_\_\_  
Master Applicator Name \_\_\_\_\_ Business Telephone Number \_\_\_\_\_ E-mail Address \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Branch Address

### Application For:

Initial License \$300.00 fee       License Renewal \$300.00 fee       Replacement License (NO FEE)

### Verification of Knowledge of and Compliance with Statutes, Regulations and Guidelines

The following should be completed and signed by the chief firm official responsible for custom pesticide applications performed by the firm in the State of Maine.

I, \_\_\_\_\_, hereby swear or affirm I understand the statutes,  
Print or Type name

regulations and guidelines of the Board and that \_\_\_\_\_  
Print or Type Name of Firm

will comply with the aforementioned statutes, regulations and guidelines when performing custom pesticide applications in the State of Maine.

\_\_\_\_\_  
Signature of Responsible Firm Official      Date

**Please turn over and complete other side**

