



Application for Agricultural Basic Pesticide Applicator License

Please complete an application for each person by typing or printing the requested information and check all boxes that apply. 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.

Name _____		Email Address <i>(Required if applicable)</i> _____	
Mailing Address _____	City _____	State _____	Zip Code _____
Signature of Licensee _____	Date of Birth _____	Primary Phone # _____	
Farm Name _____	Primary Farm Phone # _____	Secondary Phone # _____	
Physical Location (Road, Street, Route and Number) _____	City _____	State _____	Zip Code _____

Application For:

- Initial License \$15.00 fee Replace/Upgrade \$0.00 License Renewal \$15.00 fee

Pesticides Used For - check major crop(s) only

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> (A) Animal | <input type="checkbox"/> (B) Blueberry | <input type="checkbox"/> (C) Orchard Fruit | <input type="checkbox"/> (D) Potatoes |
| <input type="checkbox"/> (E) Vegetables | <input type="checkbox"/> (F) Forage | <input type="checkbox"/> (G) Grain | <input type="checkbox"/> (H) Small Fruit |
| <input type="checkbox"/> (I) Forestry | <input type="checkbox"/> (J) Greenhouse | <input type="checkbox"/> (K) Nursery | <input type="checkbox"/> (L) Private - Turf |
| <input type="checkbox"/> (M) Cranberry | <input type="checkbox"/> (N) Soil Fumigation | <input type="checkbox"/> (O) Medical Marijuana | |

For Board Use Only

Initial Certification Date _____	Exam(s) _____	Fee Required _____		
Check # _____	Check Date _____	Check Amount _____		
License # _____	Pay # _____	Apply # _____	Date Issued _____	New Expiration Date _____