

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 corre	ct any information tha	t has changed. Check	here if anything h	as changed.	
Name		Email Address (<i>Required</i>)			
Mailing Address		City	State	Zip Code	
Signature of Licensee		Date of Birth		Primary Phone #	
Farm Name		Primary Farm Phone #	<u> </u>	Secondary Phone #	
Physical Location (Road, Street, Route and Number)		City	State	Zip Code	
☐ (E) Vegetables ☐ (F☐ (I) Forestry ☐ (J)	Blueberry [rade \$0.00	License Renewa (D) Potatoe (H) Small F (L) Private	s ruit	
	For Boa	ard Use Only			
Initial Certification Date	Exam(s)		Fee Required		
Check #	Check Date		Check Amount		
License #	Audit#	Date Sent Date	te Issued Ne	ew Expiration Date	