

## Application for Private 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 a	nd correct any information	n that has changed. Chec	k here if anything has	changed	
Name			Email ( <i>Required</i> )		
Mailing Address		City	State	Zip Code	
Signature of Licensee		Date of Birth	Pr	Primary Home Phone	
Farm Name		Primary Work Phor	ne Se	Secondary Home Phone	
Physical Location (Road, Street, Route and Number)		City	State	Zip Code	
Pesticides Used For - ch  (A) Animal  (E) Vegetables  (I) Forestry  (M) Cranberry	neck major crop(s) only  (B) Blueberry (F) Forage (J) Greenhouse (N) Medical Marijua		License Renewal \$  (D) Potatoes (H) Small Fru (L) Private -	ıit	
	For	Board Use Only	1		
Initial Certification Date	Exam(s)		Fee Required		
Check #	Check Da	ate	Check Amount		
License #	Audit #	Date Sent	Date Issued New	Expiration Date	