



OKLAHOMA
Agriculture, Food
and Forestry

2800 North Lincoln Blvd.
Oklahoma City, OK 73105-4972
Phone 405-522-5891

Office Use Only	
Rec#:	
417:	\$
Lic#:	
AGN:	

Application for Restricted Use Pesticide Dealer Permit

Check one: New Renewal Physical location is same as mailing address:

Mailing Address-renewal notices and permits will be sent to this address or via email

Company Name: _____				
Mailing Address: _____				
Street or PO Box	City	State	Zip	
Phone Number: _____		Email: _____		

Physical Address-actual location of the dealership

Dealership Name: _____				
Physical Address: _____				
Street (no PO Boxes)	City	State	Zip	
Dealership Phone: _____				

I hereby apply for a Restricted Use Pesticide Dealer Permit to allow me to sell, store, and/or distribute Restricted Use Pesticides within the State of Oklahoma. I further agree to comply with the provisions of Title 2, Oklahoma Statutes, Section 3-81 et. Seq. and the State Board of Agriculture Rules and Regulations, which include but are not necessarily limited to the following requirements:

1. Keep accurate records for a period of at least two (2) years at each business location including:
 - Brand Name
 - EPA Registration Number
 - Date of Sale
 - Total Amount of Restricted Use Pesticides Sold
 - Person To Whom Sold
 - Name of Certified Applicator If Different From The Purchaser Who Will Supervise Product Use.
 - Name Of Person Who Will Use or Supervise The Use Of Each Restricted Pesticide Sold.
 - Other Information As Required By The Board (failing to allow an inspection of these records)
2. Remit the \$50.00 permit fee for each business location to be permitted. A separate application is required for each location. Permit fees are not prorated. For renewals, if the application is not received by the 15th of January, an additional penalty fee of \$50.00 will be charged.

 Sign and Print Name

 Date

Card#: _____ Exp. Date: _____ Amount: \$ _____

Visa MasterCard Discover Name on Card: _____