



Consumer Protection Services
2800 North Lincoln Blvd.
Oklahoma City, OK 73105
Phone 405-522-5891

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

New Application for Restricted Use Pesticide Dealer Permit

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: _____

All credit card charges are subjected to a fee of 2.7% with a fixed charge of \$0.49 for each transation.