

# INSTRUCTIONS

## PESTICIDE APPLICATOR LICENSE APPLICATION

If you're applying for a license, please contact our office at (405) 522-5984 Ext. #3 to check name availability

- ITEM 1** Indicate whether you are filing for a new business license or if this is a renewal of a Pesticide Applicators License.
- ITEM 2** Print your company's name. This is the same name that you'll use on your Certificate of Insurance form.
- ITEM 3 - 4** Self-explanatory.
- ITEM 5** Check Yes or No in this area (if you meet the requirements) and complete the attached "Plan of Access" form.
- ITEM 6 - 8** Self-explanatory.
- ITEM 9** List locations and phone numbers of ALL answering services.
- ITEM 10** Please check the category or categories to be added to the company license.  
**COM** = Commercial License  
**NC** = Non-Commercial License  
**AIR** = AERIAL APPLICATORS  
\*The Aerial category must be paired with a commercial, noncommercial, or consultant category.  
**CT** = Consultant License  
(A consultant is any person who makes a pesticide recommendation for hire or compensation, but does not purchase or apply the pesticide).

**Company names beginning with a number (#) or A-L will expire on September 30th of each year.**  
**Company names beginning with M-Z will expire on December 31st of each year.**

**RENEWAL LATE FEES:** If renewal application is not received by the expiration date, license fees double (Commercial and Consultant: \$200 per category; Noncommercial: \$100 per category). If the application is not received 30 days after the expiration date, an additional \$100 penalty shall be paid prior to license renewal.

- ITEM 11** Self-explanatory.
- ITEM 12** Print the names of all certified applicators. Please have each certified applicator sign the application adjacent to their name. Please attach additional pages, if needed, include: printed name, certified applicator #, driver's license #, all current categories and signatures for each additional applicator.
- ITEM 13** List all Service Technicians. If this is a new application, you must include the Application for a Service Technician I.D. form to add your Service Technician(s).
- ITEM 14** Aerial applicators should read this section and provide the information as required.
- ITEM 15** Application should be signed and dated by either the owner of the company or an authorized representative of the company.

**NOTE:** IF THE APPLICATION IS NOT COMPLETELY FILLED OUT AS DEFINED ABOVE, YOUR APPLICATION WILL NOT BE PROCESSED UNTIL **ALL INFORMATION IS RECEIVED.**

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The following information **MUST BE FILED** with Consumer Protection Services, Oklahoma Department of Agriculture, Food & Forestry, 2800 N Lincoln Blvd, PO Box 528804, Oklahoma City, OK 73152-8804, before a Pesticide Applicators License can be issued.

1. **This application properly completed and signed in each required blank.**
2. **Properly completed "Plan of Access" form (if applicable).**
3. **Appropriate fees enclosed. Checks should be made payable to: ODAFF**
4. **A copy of your commercial general liability insurance certificate.**
5. **Proof of registration from the Secretary of State is required, (405) 522-2520.**
6. **The required copy of FAA PART 137 certificate for all NEW aerial applicators.**
7. **If you have any questions please call (405) 522-5984 (Ext. #3) or email pesticide@ag.ok.gov**

**ALSO BE SURE TO VISIT OUR WEBSITE AT <http://www.ag.ok.gov/pesticides>**



**Consumer Protection Services Division**

2800 N. Lincoln Blvd, Oklahoma City, OK 73105  
(405) 522-5984 (Ext. #3)  
pesticide@ag.ok.gov

CPS Use Only

AMT PD \$ \_\_\_\_\_

RCPT# \_\_\_\_\_

LIC # \_\_\_\_\_

Date Issd \_\_\_\_\_

RCPT CODE 414

**Application for Pesticide Applicator License**

1. Please select one ☐ New ☐ Renewal

**NOTE: If this is a renewal, please show ALL changes (if any)**

2. Company Name \_\_\_\_\_

Business Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ County \_\_\_\_\_

3. Business Phone \_\_\_\_\_ 4. Fax Number (Optional) ( ) \_\_\_\_\_

5. **Is your business location in a gated community?** Yes ☐ No ☐

**Are you operating your business from a residence?** Yes ☐ No ☐

If "yes" to either question above, you must complete the attached Plan of Access form prior to being issued a license.

6. E-mail Address (Optional) \_\_\_\_\_

7. Mailing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

8. Owner/Corporate Officer(s) \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

9. Answering Services (List locations and phone numbers) \_\_\_\_\_

10. Application is hereby made and proper fees enclosed.

**Proof of registration from the OK Secretary of State is required.**

**Commercial License:** \$100 per category, not more than \$500 total annually

**Noncommercial License:** \$50 per category, not more than \$250 total annually

**Consultant License:** \$100 per category, not more than \$500 total annually

**NOTE: If this is a renewal application, please see ITEM 10.**

**PLEASE INDICATE CATEGORIES BELOW**

	CATEGORY	COM	NC	AIR*	CT		CATEGORY	COM	NC	AIR*	CT
1A	Ag Plant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7C	Fumigation	<input type="checkbox"/>	<input type="checkbox"/>	N/A	<input type="checkbox"/>
1B	Ag Animal	<input type="checkbox"/>	<input type="checkbox"/>	N/A	<input type="checkbox"/>	8	Public Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Forest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10	Demo & Research	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3A	Ornamental & Turf Outdoor	<input type="checkbox"/>	<input type="checkbox"/>	N/A	<input type="checkbox"/>	11A	Bird & Vert Animal Pests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3B	Interiorscape	<input type="checkbox"/>	<input type="checkbox"/>	N/A	<input type="checkbox"/>	11B	Predatory Animal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3C	Nursery/Greenhouse	<input type="checkbox"/>	<input type="checkbox"/>	N/A	<input type="checkbox"/>	12A	Pressure Facility Timber Treating	<input type="checkbox"/>	<input type="checkbox"/>	N/A	<input type="checkbox"/>
4	Seed Treatment	<input type="checkbox"/>	<input type="checkbox"/>	N/A	<input type="checkbox"/>	12B	Ground Line Utility Pole Timber Treating	<input type="checkbox"/>	<input type="checkbox"/>	N/A	<input type="checkbox"/>
5	Aquatic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13	Antimicrobial	<input type="checkbox"/>	<input type="checkbox"/>	N/A	<input type="checkbox"/>
6	Right-of-Way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14A	Sewer Root	<input type="checkbox"/>	<input type="checkbox"/>	N/A	<input type="checkbox"/>
7A	General Pest	<input type="checkbox"/>	<input type="checkbox"/>	N/A	<input type="checkbox"/>	14B	Cooling Towers	<input type="checkbox"/>	<input type="checkbox"/>	N/A	<input type="checkbox"/>
7B	Structural Pest	<input type="checkbox"/>	<input type="checkbox"/>	N/A	<input type="checkbox"/>	14C	Specialty	<input type="checkbox"/>	<input type="checkbox"/>	N/A	<input type="checkbox"/>

11. Have you or your applicator(s) ever been convicted and/or fined in any court or hearing for a violation of the Pesticide Laws of any state or FIFRA, or has your/their applicators license and/or certification in any state been revoked, suspended, or denied re-issue?

( ☐ ) Yes ( ☐ ) No If yes, please attach details.

12. **HAVE ALL CERTIFIED APPLICATORS COMPLETE THIS SECTION.**  
(Attach additional pages if needed)

Print Name	C.A#	Driver's License #	Categories	Signature REQUIRED
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Print Name	C.A#	Driver's License #	Categories	Signature REQUIRED
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Print Name	C.A#	Driver's License #	Categories	Signature REQUIRED
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13. **PLEASE LIST ALL SERVICE TECHNICIANS. (Attach additional pages if needed)**

Print Name	ST#	Driver's License #	Signature
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Print Name	ST#	Driver's License #	Signature
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Print Name	ST#	Driver's License #	Signature
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14. **AERIAL APPLICATORS-----COMPLETE THIS SECTION**

Aircraft used in your operation (Attach additional pages if needed)

Make Model	N Number
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Make Model	N Number
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**\*\*NOTE: ALL NEW Aerial applications must enclose FAA Part 137 Certificate.**

**IMPORTANT!!!!!!! PLEASE READ BELOW AND SIGN**

I hereby certify that I have read, understand, and will comply with the Combined Pesticide Law and Rules, Title 2, Oklahoma Statutes, Section 3-81 et seq. and all rules and regulations promulgated thereunder and adopted by the Board of Agriculture and all federal rules & regulations thereto. I also certify that the information on this application is true and correct. I agree that when any change in the information on this form occurs, **I WILL NOTIFY THE DEPARTMENT OF AGRICULTURE, FOOD, & FORESTRY** in writing immediately.

15. 

SIGNATURE OF FIRM OWNER OR AUTHORIZED REPRESENTATIVE	DATE
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All credit card payments include a 2.7% convenience fee and \$0.49 per transaction.

Pay by Credit Card: Card # \_\_\_\_\_ Amount \$ \_\_\_\_\_

Type of Card: ☐ VISA ☐ MasterCard ☐ Discover

Exp Date (mm/yyyy) \_\_\_\_/\_\_\_\_

Name on Card \_\_\_\_\_

**PLAN OF ACCESS TO CLOSED GATED COMMUNITY OR RESIDENCE FORM**

Effective May 12, 2005, applicators that live behind gated communities or working from a residence are required to submit a plan of access for Board review of application records. The principal place of business where records are maintained shall be easily accessible to authorized agents of the Board during reasonable business hours. Commercial and noncommercial applicators that live behind gated communities or working from a residence must complete this form and provide adequate information prior to the issuance of a commercial/noncommercial license.

COMPANY NAME: \_\_\_\_\_

BUSINESS LOCATION ADDRESS/DIRECTIONS (include city and state):

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BUSINESS PHONE: \_\_\_\_\_

WHAT ARE YOUR BUSINESS HOURS? \_\_\_\_\_

PLAN OF ACCESS FOR AUTHORIZED AGENTS OF THE BOARD DURING  
REASONABLE BUSINESS HOURS:

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DATE: \_\_\_\_\_ AUTHORIZED AGENT SIGNATURE: \_\_\_\_\_