



OKLAHOMA DEPARTMENT OF AGRICULTURE, FOOD, AND FORESTRY
Consumer Protection Services
2800 N Lincoln Blvd Oklahoma City, OK 73105
Pesticide@ag.ok.gov

| |
|-----------------|
| OFFICE USE ONLY |
| 414 \$ |
| Receipt # |

Application for Service Technician Identification

Company License Number

| | |
|-----------------------|------------------|
| Company/Business Name | Business Phone |
| Mailing Address | City, State, Zip |

SERVICE TECHNICIANS Please check the box that correctly indicates whether the request is to Add or Remove the Service Technician from the license.

| | | ADD | REMOVE |
|-------------------|--------------------------|--------------------------|--------------------------|
| First & Last Name | ST# / Driver's License # | <input type="checkbox"/> | <input type="checkbox"/> |
| First & Last Name | ST# / Driver's License # | <input type="checkbox"/> | <input type="checkbox"/> |
| First & Last Name | ST# / Driver's License # | <input type="checkbox"/> | <input type="checkbox"/> |
| First & Last Name | ST# / Driver's License # | <input type="checkbox"/> | <input type="checkbox"/> |

Attach additional pages if necessary

Number of Service Technicians (to add new to the company or renew) _____ x \$20.00 \$ _____

Mail to: Oklahoma Department of Agriculture, Food & Forestry
Consumer Protection Services
PO Box 528804
Oklahoma City OK 73152-8804

I understand that it is the responsibility of the licensed company to return the Service Technician Identification to the Department of Agriculture, Food, & Forestry upon termination of the employee.

Signature of Authorized Representative _____ Date _____

IF PAYMENT IS MADE BY CREDIT CARD PLEASE FILL OUT THE FOLLOWING SECTION

All credit card payments include a 2.7% convenience fee and \$0.49 per transaction.

| | | | |
|-----------------------------|--|--|--|
| CREDIT CARD NUMBER | | | |
| CREDIT CARD TYPE | <input checked="" type="checkbox"/> VISA | <input checked="" type="checkbox"/> MasterCard | <input checked="" type="checkbox"/> Discover |
| EXP DATE: | ____/____ | 3 digit code | ____ |
| MONTH/YEAR | | | |
| PRINTED NAME OF CARD HOLDER | | | |