



**OKLAHOMA**  
**Agriculture, Food**  
**and Forestry**

**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 15<sup>th</sup> of January, an additional penalty fee of \$50.00 will be charged.

\_\_\_\_\_  
 Sign and Print Name

\_\_\_\_\_  
 Date