



Vermont Agency of Agriculture, Food & Markets

116 State St
Montpelier VT 05620-2901
802-828-2431
www.vermontagriculture.com

APPLICATION FOR A PESTICIDE DEALERS LICENSE

Authorized under 6 V.S.A Chapter 87 and regulations pertaining thereto. Request is hereby made for a license to sell the class of pesticides indicated below for the time period indicated:

Please check one:

<input type="checkbox"/> Class A Pesticides (\$30 for 1 year)	<input type="checkbox"/> Class B Pesticides (\$30 for 1 year)
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It is agreed that I will be responsible for the sale of the class of pesticides indicated above at the sales outlet named below, and will notify the Vermont Agency of Agriculture, Food & Markets if I accept a sales position with another outlet before my license expires. If class A is indicated above, I furthermore agree to send a yearly report on the Class A pesticides sold at the outlet named below during the calendar year covered by my license. No refunds of \$1.00 or less will be made unless requested.

APPLICANT INFORMATION *(print clearly in ink)*

Dealer # (for office use only) _____

First Name:	Middle Initial:	Last Name:	Suffix: (Jr., Sr., III, etc.)
Address line 1:			
Address line 2:			
Town:	State:	Zip:	
Phone:	Gender: M <input type="checkbox"/>	Date of Birth:	
Email:	F <input type="checkbox"/>		

OUTLET INFORMATION

Outlet # (for office use only) _____

Employer Name:		
Address line 1:		
Address line 2:		
Town:	State:	Zip:
Employer Phone:		
Company Email:		

CERTIFICATION OF COMPLIANCE WITH 15 V.S.A SECTION 795 AND 32 VSA SECTION 3113

I hereby certify that I am in good standing with respect to any obligations for child support and, that under the pains and penalties of perjury, I am in good standing with respect to, or in full compliance with, a plan approved by the Commissioner of Taxes to pay any and all taxes due to the State of Vermont as of the date of this application.

SIGNATURE: _____ Date: _____

IF YOU ARE NOT IN GOOD STANDING AT THIS TIME, DISCONTINUE THIS APPLICATION AND CONTACT THE COMMISSIONER OF THE VERMONT DEPT. OF SOCIAL WELFARE OR THE VERMONT DEPT. OF TAXES FOR FURTHER INFORMATION ON BRINING YOURSELF INTO GOOD STANDING.

FOR OFFICE USE ONLY	
Date _____	Amount _____
Cash <input type="checkbox"/>	Check <input type="checkbox"/> Name _____
Initials _____	