



Vermont Agency of Agriculture, Food & Markets

116 State St
Montpelier VT 05620-2901
802-828-2431 <http://agriculture.vermont.gov>

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 (\$50 for 1 year)	<input type="checkbox"/> Class B (\$50 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.

APPLICANT INFORMATION *(print clearly in ink)* Dealer # (for office use only) _____

First Name:	Middle Initial:	Last Name:	Suffix: (Jr., Sr., III, etc.)
Mailing Address line 1:			
Mailing 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:		
Physical Address line 1:		
Physical Address line 2:		
Town:		State: Zip:
If Different OUTLET MAILING Address:		
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: _____

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