



Vermont Agency of Agriculture, Food & Markets

116 State St
 Montpelier VT 05620-2901
 802-828-2431

<http://agriculture.vermont.gov>

APPLICATION FOR A CERTIFICATE TO APPLY PESTICIDES

Application is hereby made for a certificate to apply pesticides under the provisions of 6 V.S.A Chapter 87 and regulations pertaining to the categories indicated below. A **\$30.00** fee for each category must accompany this application, with a maximum of **\$120.00**. Federal employees are EXEMPT from this fee.

APPLICATOR INFORMATION *(print clearly in ink)*

Applicator # (for office use only) _____

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

EMPLOYER/COMPANY INFORMATION

Company # (for office use only) _____

Company/Organization Name:		
Physical address line 1:		
Physical address line 2:		
Town:	State:	Zip:
If Different, Employer mailing address:		
Mailing Town:	State:	Zip:
Company Email:		

I have read and understand 6 V.S.A. Chapter 87, Section 1104 of the Vermont law and regulations promulgated thereunder which govern the use and sale of pesticides and agree not to apply pesticides on a commercial basis without first obtaining a company license or employment with a company holding a valid license, as required by the Vermont Regulations for Control of Pesticides.

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		<input type="checkbox"/> New <input type="checkbox"/> Adding Category <input type="checkbox"/> Changing Company <input type="checkbox"/> Renewing with exams <input type="checkbox"/> Reciprocal (state _____) <input type="checkbox"/> Invoiced	
<input type="checkbox"/> Commercial <input type="checkbox"/> Non-Commercial <input type="checkbox"/> Gov't (State/Munic) <input type="checkbox"/> Federal (fee exempt)	1a - Ag. Plant 1b - Ag. Anim. 2 - Forest Pest 3a - Orn & Sh Tree 3b - Turf	4 - Seed 5 - Aquatic 6 - ROW 7a - Structural 7b - Mosquito 7c - Food Proc	7d - Wood Pres 7e - Cooling Tower 10 - Dem & Res. 11 - Aerial _____ Retake Fee (\$25 ea)
Date _____ Amount _____		Cash <input type="checkbox"/> Check <input type="checkbox"/> Name _____	
Usage rpt _____ Initials _____			