

Application For Iowa Pesticide Dealer License

Office use only

Pursuant to *Iowa Code* section 206.2(21) and 206.8, any person who **distributes*** (1) any amount of restricted use pesticide; (2) any pesticide (either general use or restricted use) for use by commercial or public applicators; (3) more than \$10,000 gross annual retail sales of general use pesticides labeled for agricultural or lawn and garden use must first obtain a pesticide dealer license from the Secretary of Agriculture for each business location owned or operated by the dealer, and shall pay an initial fee of \$25 for each licensed location. Manufacturers or distributors* who are not engaged in the retail sale of pesticides are required to obtain a dealer's license for each location in Iowa. Facilities which retail pesticides (herbicides, insecticides, rodenticides, fungicides, etc.) other than those labeled for lawn/garden or agricultural use in amounts less than \$10,000 per year and distribute* no restricted use pesticides, are not required to maintain a pesticide dealer license. If you have any questions regarding the completion of this application you may call 515-281-5601 or email pesticides@iowaAgriculture.gov .

Make check in the amount of \$25 payable to: Iowa Secretary of Agriculture

Mail application with payment to: Iowa Department of Agriculture and Land Stewardship
Pesticide Bureau
Henry A. Wallace Building – 502 E 9th St.
Des Moines, IA 50319-0051

Location Information

Business Name:	
Owner or Person Responsible and Title	
Physical Address (line 1)	
Physical Address (line 2)	
City, State, Zip Code	
County	Tax ID Number (EIN) <input type="checkbox"/> OR SSN <input type="checkbox"/>
Primary Phone Number with Area Code	Alternate Phone Number with Area Code
Cell Phone Number with Area Code	Fax with Area Code
E-Mail Address:	Website URL:

Please check all that apply for the type of pesticide distribution* for this location:

- | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Distributor* of restricted use pesticides. (any quantity, any type) R
<input type="checkbox"/> Distributor* of general use pesticides labeled for agricultural or lawn/garden use at retail amounts more than \$10,000 per year. O
<input type="checkbox"/> Manufacturer or wholesaler location in Iowa not engaged in the retail sales of pesticides. M | <input type="checkbox"/> Employer of certified pesticide handlers and/or Iowa Aerial Consultants PH
<div style="border: 1px dashed black; padding: 2px; width: fit-content; margin: 5px 0;">Office use only</div> <p><i>*NOTE: "Distribution" includes pesticides applied by a commercial applicator, except those pesticides purchased and supplied by the customer.</i></p> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

This location has pesticide containment storage structure(s). Yes No If Yes, Containment Plan ID Number: _____

MAILING ADDRESS where renewal forms and other correspondence are to be sent, if different from above. Check if same as above.

Business Name:	
Contact Person and Title	
Mailing Address	
City, State, Zip Code	
County	Phone Number with Area Code
E-Mail Address	Fax with Area Code

Signature and title of person responsible for this location: _____

Date