

# IOWA AGENT DESIGNATION FORM

(Please print or type all information)

NONRESIDENT APPLICATOR: \_\_\_\_\_

DOING BUSINESS WITH OR AS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

I hereby appoint the Iowa Secretary of State as my duly authorized agent upon whom service of process, notices and demand as permitted by law may be made which service shall have full force and effect as if lawfully made upon me.

\_\_\_\_\_  
Legible Signature of nonresident applicator Date

Subscribed and sworn before me this \_\_\_\_\_  
(day, month, year)

\_\_\_\_\_  
NOTARY PUBLIC, STATE OF

(SEAL)

\_\_\_\_\_  
My Commission Expires

**This form must accompany all applications  
for an Iowa Commercial Pesticide Applicator License  
from out-of-state applicants.**