

Application for Iowa Commercial Pesticide Applicator License

Iowa Department of Agriculture and Land Stewardship (IDALS) Pesticide Bureau – Wallace Building – 502 East Ninth Street - Des Moines, IA 50319-0051 PHONE 515-281-5601 FAX 515-242-6497 <p style="text-align: center;"><u>WEBSITE</u> http://www.iowaagriculture.gov/pesticides.asp</p>	Office Use Only		Licensing Year	
	Insurance		License	Mailed
	If you are an aerial applicator, you are required to use Form #009-403-AA "Application for Iowa Commercial Aerial Pesticide Applicator License."			
Check our website for testing opportunities near you as well as for laws, forms, databases, links, etc.				

Please Type or Print All of the Following Information

Business Name		County of Site Address:	
		Site Address - - Street, city, zip + 4 digits	
Business Owner			
Person Responsible for Business Operation			
Business Phone		Mailing Address, if different than above. Street, box, city, zip + 4 digits	
Business Fax			
Business E-mail			
Check One	<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Individual <input type="checkbox"/> Public Agency		
Check License Type	<input type="checkbox"/> Commercial (\$25) <input type="checkbox"/> Public Official (\$0) <input type="checkbox"/> Noncommercial (\$25) <input type="checkbox"/> Golf Course (\$0) <input type="checkbox"/> Handler Only (\$0)		
Commercial applicators	<i>Apply pesticides for hire to property other than their own.</i>		
Noncommercial applicators	<i>Apply restricted use pesticides (RUPs) on property owned, rented, leased or controlled by the applicator or applicator's employer.</i>		
Public Officials	<i>Apply pesticides as part of their duties as employees of a state agency, county, municipal corporation or other government agency.</i>		

This is my application for an Iowa commercial pesticide applicators license, and I declare all information on the front and back of this form plus any additional information I have included is true and correct. I understand that certification and financial requirements must also be met before my commercial pesticide applicators license is valid.

Applicant's Signature _____

Applicator's name PRINTED _____

Date _____

THE FRONT AND BACK OF THIS FORM MUST BE COMPLETE AND LEGIBLE AND ALL REQUIRED DOCUMENTS SUBMITTED WITH IT OR YOUR APPLICATION MAY BE RETURNED.

