

REQUEST FOR COMMERCIAL PESTICIDE APPLICATOR LISTING

In response to your request for a list of **Commercial Pesticide Applicators** licensed by the Iowa Department of Agriculture and Land Stewardship, please indicate the following:

1. Print List On:

Printouts -- \$1 per page

- Company Address Printout (Companies Only)
- Company Address with Applicators Printout (Companies & Applicators)
- Applicators Only (No company data)

Labels

- Self-Adhesive Labels (9¢ per label)
- Cheshire Labels (Paper without adhesive) (\$1 per page)

3/2" DS/HD Disks - \$50 per database

- Company Database Only (\$50)
 - Applicator Database Only (\$50)
 - Company & Applicator (\$100)
- (Indicate format:)
- DBF Format
 - Fixed-Length Fields
 - Comma-Separated Fields

2. Counties desired: (✓ one)

- All records
 - Iowa Records Only
 - Specific Counties listed as follows (limit ten individual counties)
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

3. Sort Sequence: (✓ one)

- Company Name/City
- County/Company Name/City
- City/Company
- Zip Code

4. Status: (✓ one)

- All Records (including inactive)
- Current Records Only (OoB=N)

5. Indicate Records Requested:

- Licensed Companies (LICENSE TYPE=)
- All Companies
 - Commercial Companies (00)
 - Aerial Applicators (AA)
 - Public Official Licenses (PO)
 - State Agency Licenses (SA)
 - Noncommercial Companies (NC)
 - Golf Courses (GC)

6. Indicate Certification Codes

- All Records
- 1A - Ag Weed
- 1B - Ag Insect
- 1C - Ag Plant Disease
- 1D - Fruit & Vegetable
- 1E - Animal Pest
- 02 - Forest
- 30T - Ornamental & Turf
- 3T - Turf only
- 3O - Ornamental only
- 3G - Greenhouse
- 04 - Seed Treatment
- 05 - Aquatic
- 06 - Right-of-Way
- 7A - General Household
- 7B - Termite/Structural Pest
- 7C - Fumigation
- 7D - Community Insect
- 7E - Wood Preservatives
- 7F - Anti-Fouling Paints
- 08 - Public Health
- 09 - Regulatory
- 10 - Demonstration/Research
- 11 - Aerial Application
- H - Handlers

RETURN THIS FORM TO the Iowa Department of Agriculture & Land Stewardship, Pesticide Bureau, Wallace Building, Des Moines, IA 50319.

FAX 515-242-6497 Questions? Contact Beth S. at 515-281-6597 or beth.sandburg@iowaAgriculture.gov

7. Intended Purpose: Please explain in detail exactly how this data is going to be used. If faxing, use a second page. This section must be signed and dated.

Mailing address of the person/company requesting records:

Company Name _____

Attention _____ Email Address _____

Address _____

City, State, Zip + 4 _____ Telephone Number Including (Area Code) _____

I understand that I will be billed, and agree to pay promptly on receipt of the listing, \$1.00 per page for data services necessary to generate said listing. (Fees subject to change. Number of records per page dependent upon data requested.)

By signing this form, I am are acknowledging the request for data being made.

Signature/Date

PLEASE DO NOT WRITE IN SHADED AREAS.
The listing requested above is authorized for release, **excluding sales figures and fees paid**, to the individual and company listed above.

Authorizing Signature/Pesticide Bureau/IDALS --- Date