

Request For Private Pesticide Applicator Data

Requests for data listings must be made **in writing** and mailed (or fax'd) to:

Pesticide Bureau
 Iowa Department of Agriculture & Land Stewardship
 Henry A. Wallace Building
 Des Moines, IA 50319
 FAX 515/242-6497

Private applicator data is available free of charge at <http://www.iowaagriculture.gov/pesticides.asp>

Phone: 515-281-6597

email: pesticides@iowaAgriculture.gov

REQUEST MADE BY AND BILLING TO BE SENT TO: (Please type or print legibly)

| | |
|----------------------|------------------------------|
| Company Name | |
| Attention | Telephone Number w/Area Code |
| Address | |
| City, State, Zip + 4 | email address |

I am requesting a printout (and/or labels or computer disk) of the names, addresses, certification numbers and expiration dates of **Certified Private Pesticide Applicators** currently on record for the following counties. 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. (There are approximately 28 records per page for printed listings.) Self-adhesive labels are billed at the rate of 9¢ each, data on computer floppy disk is \$100. **Fees subject to change without notice.**

Signature: _____ Date: _____

PLEASE SELECT:

| | | |
|----------------------------|---|---|
| Counties Requested: | <input type="checkbox"/> Iowa Records Only | <input type="checkbox"/> Out-of-State Records Only |
| | <input type="checkbox"/> Specified Counties Only (List Counties Below) | <input type="checkbox"/> Both Out-Of-State and Iowa Records |
| a. | b. | c. |
| d. | e. | f. |
| g. | h. | i. |

| | | | |
|-------------------------|---|--|---|
| Provide List On: | <input type="checkbox"/> Self-Stick Labels | <input type="checkbox"/> Standard Printout | <input type="checkbox"/> Both Labels & Printout |
| | <input type="checkbox"/> 3½" Disks - Format (one): <input type="checkbox"/> DBF Format <input type="checkbox"/> Fixed-Length Fields <input type="checkbox"/> Comma-Separated Fields | | |

| |
|--|
| Sort Sequence: (Choose Only One) |
| <input type="checkbox"/> Alpha by Firm <input type="checkbox"/> County/Alpha <input type="checkbox"/> Zip Code <input type="checkbox"/> License Number |

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| Intended Purpose: Please explain in detail exactly how this data is going to be used. |
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|---|----------------------|---|
| <p>Please do not write in shaded areas. The listing requested above is authorized for release, to the individual and company listed above.</p> | PD number & Exp Date | Authorizing Signature/Pesticide Bureau/IDALS --- Date |
|---|----------------------|---|