

Iowa Department of Agriculture & Land Stewardship – Pesticide Bureau
Wallace Building, Des Moines, IA 50319

[Http://www.agriculture.state.ia.us/pesticidebureau.htm](http://www.agriculture.state.ia.us/pesticidebureau.htm)

Commercial Pesticide Applicator --

REQUEST FOR MODIFICATION OF APPLICATOR STATUS

Full Name of Applicator for whom status change is requested:

➤ _____
First Name Middle Initial Last Name

Certification Number: _____ Last 4 digits of Social Security Number: _____

Effective date of modification: _____

➤ Action Requested: (Check only one)

Place on INACTIVE Status -- No longer working for current company -- further information not known.

Inactive: (company/city): _____

Request to have certification ADDED to another company license (Original licensee remains)

Add to: (company/city) _____

Request to have certification TRANSFERRED from another company (Original licensee is removed)

Transfer **from**: (company/city) _____

Transfer **to**: (company/city) _____

➤ Print name and title of person making request: _____

Signature of person making request: _____

Company: _____

Telephone number including area code: (days): _____

Mail to:

Pesticide Bureau
Iowa Department of Agriculture & Land Stewardship
Henry Wallace Building – 502 E. 9th St.
Des Moines, IA 50319-0051

OR

Fax to: 515-242-6497

Data Entry: _____ Grades Transferred: _____ Notes: _____
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