

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.**