

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
	<p style="text-align: center;">If you are an aerial applicator, you are required to use Form #009-403-AA "Application for Iowa Commercial Aerial Pesticide Applicator License."</p> <p style="text-align: center;">Check our website for testing opportunities near you as well as for laws, forms, databases, links, etc.</p>		

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.

