



JANET T. MILLS
GOVERNOR

STATE OF MAINE
DEPARTMENT OF AGRICULTURE, CONSERVATION AND FORESTRY
BOARD OF PESTICIDES CONTROL
28 STATE HOUSE STATION
AUGUSTA, MAINE 04333

Affidavit of Insurance Coverage

This form should be completed for each company that performs custom "for hire" pesticide applications within the State of Maine. Only one affidavit per company is required. The affidavit should be submitted by the master applicator in charge of operations in Maine.

I, _____, hereby swear or affirm that
Print or type name

_____ will have the required
Print or type name of company

amount of liability insurance, specified by Board regulations, in effect at the time any employee applies pesticides.

Signature of owner/manager

Date

Completed forms must be returned to the Board of Pesticides Control:

Mail to 28 State House Station, Augusta, ME 04333

Email to pesticides@maine.gov

Uploaded via the BPC online portal (to create a login, go to www.maine.gov/bpc)

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