Application for Restricted Use Pesticide Dealer License

Please complete an application for each candidate by typing or printing the requested information and check all boxes that apply. If renewal, enclose any sales reports. Then mail the completed application with a check payable to Treasurer, State of Maine to this address: Board of Pesticides Control, 28 State House Station, Augusta, ME 04333-0028

Please fill in any blanks and correct any information that has changed. Check here if anything has changed. ☐

Name _____ Date of Birth ***Required*** _____

Home Telephone _____ Home Cell Phone _____ E-mail Address _____

Home Address _____ City _____ State _____ Zip Code _____

Company _____ Federal ID # ***Required*** _____

Company Telephone _____ Company Cell Phone _____ E-mail Address _____

Business Mailing Address _____ City _____ State _____ Zip Code _____

Signature of Licensee _____ Title _____

Employee or Officer in Charge of Dealership Authorized to Receive Summons in Maine

Name _____ Telephone Number _____

Business Mailing Address _____ City _____ State _____ Zip Code _____

Application For:

☐ Initial License $60.00 fee ☐ License Renewal $60.00 fee

Sales Report Status (Must be completed for all renewals)

☐ No Reportable Sales ☐ Report is Enclosed ☐ Report Submitted by _____

Plant Incorporated Protectant Status: Applicant intends to distribute plant-incorporated protectants, e.g., Bt Field Corn

Required: Check One ☐ Yes ☐ No

For Board Use Only

Fee Required _____ Fee Paid _____

Check # _____ Check Date _____ CheckAmount _____

Date Tested _____ Certification Expiration Date _____

Company/Business License # _____ Extend Certification To _____

License # _____ Audit # _____ Date Sent _____ Issue Date _____ Expire Date _____