

Kansas Department of Agriculture

Accounts Receivable and Licensing 1320 Research Park Dr. Manhattan, KS 66502

Tel: 785-564-6700, Fax: 785-564-7490

PESTICIDE BUSINESS LICENSE APPLICATION

				PHONEFAX						
AIL _			WEBSITE							
MAR	Y LOCATION ADDRESS									
′			COUNTY		STATE	ZI	IP			
ILING	ADDRESS									
′			COUNTY		STATE	ZI	IP			
2.	OTHER PESTICIDE BUSINESS in Section 1) from which Kan needed.	•		•		•				
	LOCATION NAME	OWNER/OPERA	ATOR	ADDRESS		CITY, STATE	, ZIP		PHONE	
3.	TAX IDENTIFICATION INFOR	MATION:								
		EIN SOLE PROPRIETOR'S SOCIAL SECURITY NUMBER								
4.	BUSINESS TYPE: If applicant	•		_						
	AR OF INCORPORATION			IICH INCORPORA						
Indi	ividual Corpoi	ration 🗌 Limited	Partnership 🔲			ship 🗌				
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FEE	CODE	TRANSACTION#	RECEIPT DATE	CHECK/CC#
	BL			
	UA			
	RT			

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	STATE	YEAR	STATE	Y	EAR	STATE	YEAR	STATE	YEAR	
	following inform each owner, pa DRIVER'S LICEN	nation for <mark>EAC</mark> rtner, and/or c SE NUMBER	H AND ALL owner officer (attach sep	<mark>s, partne</mark> arate she	rs, and/or officers. et using same form	Please ensure corre at if more space is r DATE OF BIRTH		umber and birth date	is provided for	
									<u> </u>	
							ZIP _			
12. KANSAS <u>CERTIFIED COMMERCIAL PESTICIDE APPLICATORS</u> : Please provide the following information who will be applying pesticides under the license for which applicant is making application. Please end date is provided for each applicator. (Attach separate sheet using same format if more space is needed DRIVER'S LICENSE NUMBER DATE OF BIRTH LAST NAME FIRST AND MIDDLE NAME CERTIFICATION NUMBER CATEGORIES							ase ensure correct DF needed.)	RIVER'S LICENSE NUM	IBER and birth	
	CERTIFICATION	NOMBER			CATEGORIES					
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	information. Please ensure correct DRIVER'S LICENSE NUMBER and birth date is provided for each applicator. (Attach separate sheet using same format more space is needed.) DRIVER'S LICENSE NUMBER DATE OF BIRTH CATEGORIES (CIRCLE ALL THAT APPLY): 7A 7E 3A 3B 3C LAST NAME FIRST AND MIDDLE NAME								3A 3B 3C	
	ADDRESS									
	CITY				COUNTY	STATE	ZIP			
15.	destroying pest pesticide busin approval – OR- any questions r AIRCRAFT: Eac Department of	es (7A), or struesses operating SUBMIT A STA egarding registh pesticide bus Agriculture. D	ctural pests (7E) is g in the subcateg TEMENT that all a tered pest contro siness licensed in d ecals will not be is	s required ories des applicato of technic category	d by the Kansas Per cribed are required rs will be certified of ian training progra 1 which uses aircrat il all licensing requi	sticide Law to have I to submit training commercial pesticio ms, you may contac ft to apply pesticide rements are met.	turf pests (3B), interion a registered pest con materials to the Kan de applicators. If you at KDA AT (785)564-6 is shall identify each a Decals are not transferseparate sheet using	strol technician traini sas Department of A need additional info 700. ircraft with a decal fu rable. Please provide	ing program. All griculture for in mation or have irnished by the left the following	
	AIRCRAFT FAA NUMBER	AIRCRA MAKI	_		CHEMICAL ENDORSEMENT (i.e. picloram)	INSURANCE POLICY NO. *	INS. COMPANY NAME *	INSURANCE EFFECTIVE DATE *	INS EXPIRATIO	
					□YES □ NO					
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	PESTICIDE BUSI THE UNCERTIFII CONTROL TECH	NESS LICENSE ED APPLICATO NICIAN.	FEES: PLEASE SU R FEE IS \$15.00 PE	BMIT LIC	ENSE FEES WITH TH	HIS APPLICATION. T R. The Pest Cont e	R EACH PLANE TO BE HE LICENSE APPLICAT ROL TECHNICIAN REG cense is true, comple	ION FEE IS \$140.00 P ISTRATION FEE IS \$40		
>	SIGNATURE	APPLICANT SIGNATURE: I hereby attest the information on all pages of this application for license is true, complete and accurate. DATE:								
	TYPED OR PRIN	TED NAME OF	SIGNER:			TITLE	:			