



**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

Calendar Year \_\_\_\_\_

**1. BUSINESS INFORMATION:**

LEGAL NAME \_\_\_\_\_ PHONE \_\_\_\_\_  
 DBA (DOING BUSINESS AS) \_\_\_\_\_ FAX \_\_\_\_\_  
 E-MAIL \_\_\_\_\_ WEBSITE \_\_\_\_\_  
 PRIMARY LOCATION ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ COUNTY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 MAILING ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ COUNTY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**2. OTHER PESTICIDE BUSINESS LOCATIONS:** Please provide the following information for EACH location (other than the principle business address indicated in Section 1) from which Kansas customers are served, equipment is stored, records maintained, or pesticides are stored. Attach a separate sheet if needed.

LOCATION NAME	OWNER/OPERATOR	ADDRESS	CITY, STATE, ZIP	PHONE

**3. TAX IDENTIFICATION INFORMATION:**

FEIN \_\_\_\_\_ SOLE PROPRIETOR'S SOCIAL SECURITY NUMBER \_\_\_\_\_

**4. BUSINESS TYPE:** If applicant's business is incorporated, please provide the following information:

YEAR OF INCORPORATION \_\_\_\_\_ STATE IN WHICH INCORPORATED \_\_\_\_\_  
 Individual  Corporation  Limited Partnership  Partnership   
 Limited Liability Co.  Limited Liability Partnership

**5. OUT-OF-STATE APPLICANTS:** An applicant whose principal business address is located outside the state of Kansas **MUST** sign the following statement:  
 "I hereby consent that any action for damages resulting from the application or misapplication of pesticides, and any action to enforce the provisions of any contract providing for the application of pesticides, may be commenced in the proper court of any county in Kansas in which a cause of action may arise or in which the plaintiff may reside. I further consent to service of process upon the Secretary of State of Kansas and agree that such service of process shall be valid and binding to the same extent as if personal service had been obtained upon said nonresident in this state."

→ SIGNATURE \_\_\_\_\_ TITLE: \_\_\_\_\_

**6. PROOF OF FINANCIAL RESPONSIBILITY:** Please indicate which of the following proof of financial responsibility option applicant is submitting with this application. GUIDELINES STATE THE NAMED INSURED MUST MATCH EXACTLY THE DOING BUSINESS AS NAME AS REPORTED IN SECTION 1

- LIABILITY INSURANCE CERTIFICATE: Executed on a form APPROVED by the Kansas Department of Agriculture (Form KPL-410NA) or (Form KPL-410A)
- SURETY BOND: Executed on a form supplied by the Kansas Department of Agriculture (Form KPL-420)
- LETTER OF CREDIT: Issued by a KANSAS bank, savings and loan association, savings bank or credit union (Form KPL-415)
- ESCROW ACCOUNT: Maintained in a federally insured KANSAS bank, savings and loan association, savings bank or credit union

**7. LICENSE CATEGORIES INFORMATION:**

- 1—AGRICULTURAL (1A PLANT, 1B ANIMAL, 1C WILDLIFE, 1D STUMPS)
- 2 – FOREST PEST CONTROL
- 3 – ORNAMENTAL (3A), TURF (3B) & INTERIOR LANDSCAPE (3C)
- 4 – SEED TREATMENT
- 5 – AQUATIC PEST CONTROL (INCLUDES 5S ROOT CONTROL)
- 6 – RIGHT-OF-WAY PEST CONTROL
- 7 – 7A Wood Destroying, 7E Structural, 7C Industrial Weed, 7D Health, 7F Wood Preservation, 7B Stored Products

**8. OTHER STATE PESTICIDE BUSINESS LICENSES:** Has applicant been issued a pesticide business license in any other state during the past five years?

YES  NO  If yes, please provide the state(s), and the year(s) (2008, 1999 Etc.) in which licensed:

STATE	YEAR	STATE	YEAR	STATE	YEAR	STATE	YEAR

**9. FELONY CONVICTION INFORMATION:** Has the applicant been convicted of a felony? YES  NO  If yes, please provide dates and details on a separate sheet.

FEE	CODE	TRANSACTION#	RECEIPT DATE	CHECK/CC#
	BL			
	UA			
	RT			

10. **PROBLEMS:** Has the applicant had a pesticide business license suspended, revoked, denied, or had restrictions imposed in any state during the last five years? YES  NO  If yes, please provide the state(s), and the year(s) (2008, 1999 Etc.) and a brief description of the problem. Attach separate sheet if needed.

STATE	YEAR	STATE	YEAR	STATE	YEAR	STATE	YEAR

11. **PESTICIDE BUSINESS OWNERS AND/OR OFFICERS:** If the business is owned by an individual, a partnership, or an association or corporation, provide the following information for **EACH AND ALL owners, partners, and/or officers**. Please ensure correct Driver's License number and birth date is provided for each owner, partner, and/or officer (attach separate sheet using same format if more space is needed):

DRIVER'S LICENSE NUMBER \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
 LAST NAME \_\_\_\_\_ FIRST AND MIDDLE NAME \_\_\_\_\_  
 TITLE \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ COUNTY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

12. **KANSAS CERTIFIED COMMERCIAL PESTICIDE APPLICATORS:** Please provide the following information for all certified commercial pesticide applicators who will be applying pesticides under the license for which applicant is making application. Please ensure correct DRIVER'S LICENSE NUMBER and birth 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 \_\_\_\_\_

13. **KANSAS UNCERTIFIED PESTICIDE APPLICATORS:** This section must be completed by ALL pesticide business applicants. **If applicant will have NO uncertified applicator employees, indicate "NONE" in the DRIVER'S LICENSE box.** Please provide the following information for all uncertified applicators who will be applying pesticides under the license for which applicant is making application. Please ensure correct DRIVER'S LICENSE NUMBER and birth date is provided for each applicator. (Attach separate sheet using same format if more space is needed.)

DRIVER'S LICENSE NUMBER \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ CATEGORIES \_\_\_\_\_  
 LAST NAME \_\_\_\_\_ FIRST AND MIDDLE NAME \_\_\_\_\_  
 HOME ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ COUNTY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

14. **KANSAS REGISTERED PEST CONTROL TECHNICIANS:** This section must be completed if applicant will be applying pesticides under this license to control ornamental pests (3A), turf pests (3B), interior landscape pests (3C), wood-destroying pests (7A), or structural pests (7E). If any or all the uncertified applicators listed in section 13 who will be applying pesticides as registered pest control technicians under this license, please provide the following information. Please ensure correct DRIVER'S LICENSE NUMBER and birth date is provided for each applicator. (Attach separate sheet using same format if 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 \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ COUNTY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**NOTE:** Every pesticide business applying pesticides for the control of ornamental pests (3A), turf pests (3B), interior landscape pests (3C), wood-destroying pests (7A), or structural pests (7E) is **required by the Kansas Pesticide Law to have a registered pest control technician training program.** All pesticide businesses operating in the subcategories described are required to submit training materials to the Kansas Department of Agriculture for approval – **OR-SUBMIT A STATEMENT that all applicators will be certified commercial pesticide applicators.** If you need additional information or have any questions regarding registered pest control technician training programs, you may contact **KDA AT (785)564-6700.**

15. **AIRCRAFT:** Each pesticide business licensed in category 1 which uses aircraft to apply pesticides shall identify each aircraft with a decal furnished by the KS Department of Agriculture. Decals will not be issued until all licensing requirements are met. Decals are not transferable. Please provide the following information for all aircraft equipment that will be used in the application of pesticides. (Attach separate sheet using same format if more space is needed.)

AIRCRAFT FAA NUMBER	AIRCRAFT MAKE	AIRCRAFT MODEL	CHEMICAL ENDORSEMENT (i.e. picloram)	INSURANCE POLICY NO. *	INS. COMPANY NAME *	INSURANCE EFFECTIVE DATE *	INS EXPIRATION DATE *
			<input type="checkbox"/> YES <input type="checkbox"/> NO				
			<input type="checkbox"/> YES <input type="checkbox"/> NO				

**\*NOTE: SUBMIT AIRCRAFT INSURANCE FORM KPL-410A WHICH INCLUDES "N" NUMBERS FOR EACH PLANE TO BE DECALLED.**

16. **PESTICIDE BUSINESS LICENSE FEES:** PLEASE SUBMIT LICENSE FEES WITH THIS APPLICATION. THE LICENSE APPLICATION FEE IS \$140.00 PER CATEGORY. THE UNCERTIFIED APPLICATOR FEE IS \$15.00 PER UNCERTIFIED APPLICATOR. THE PEST CONTROL TECHNICIAN REGISTRATION FEE IS \$40.00 PER PEST CONTROL TECHNICIAN.
17. **APPLICANT SIGNATURE:** I hereby attest the information on all pages of this application for license is true, complete and accurate.

→ SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

TYPED OR PRINTED NAME OF SIGNER: \_\_\_\_\_ TITLE: \_\_\_\_\_