RENEWAL 4/1/23 to 3/31/26



Division of Plant Health - Pesticide & Fertilizer Section 8995 East Main Street, Reynoldsburg, OH 43068 Phone: 614-728-6987 • Fax: 614-728-4235 www.agri.ohio.gov • pesticides@agri.ohio.gov

APPLICATION FOR PRIVATE PESTICIDE APPLICATOR LICENSE

License Period: April 1, 2023 through March 31, 2026

PART A - APPLICANT'S	S INFORMATION (PLEAS	E PRII	NT) ID:	
Person Legal First Na	me	MI	Person Last Name	Last 4 SSN
Person Address		_		
City	State	Zip	County	Phone
Email				
Applicant's Signature:				Date:
PART B - PAYMENT M	IETHOD LICEN	ISE FE	EE: \$30.00	
This application mayThis application an requirements are no	d fee are only valid for the ot met within this period	redit ca ne lice Licens	ard payment ONLY. DO NOT nsing period listed above. The se payments are non-refundating multiple applications. This	ne application will expire if ble. application can be duplicated.
Payment method:	Check/Money Order #: _		Discove	er Visa MasterCard
Cardholder's name:				
Credit Card Number:				
Expiration Date:	(MM)		(YYYY)	(CVV)
Cardholder's Signature	e:			
ART C - RECIPROCIT	Y WITH OTHER STATES			
Reciprocity, you mus	t be a resident and have p s license and pesticide I	assed	exams in that state. You are i	pplying for a license based on required to send a legible are an Ohio resident, you must
Indiana	Michigan		Pennsylvania	West Virginia