

Idaho State Department of Agriculture

Division of Agricultural Resources

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OFFICE USE ONLY

Receipt Date _____

Check # _____

Fee \$ _____

Record # _____

2014/2015 PRIVATE PESTICIDE LICENSE APPLICATION

(Please Type or Print Legibly)

APPLICANT _____ SS# _____

HOME MAILING ADDRESS _____

CITY _____ ST _____ ZIP _____ COUNTY _____

HOME PH _____ Farm/Company/Agency Name _____

I am applying for (Select ONE):

___ Restricted Use (RU) Category \$10.00 fee

___ Chemigation (CH) Category \$20.00 fee (Chemigation Inventory form also required)

___ Both (RU & CH) Categories \$30.00 fee (Chemigation Inventory form also required)

**Government Agency Employees - No fee - (Exemption does not apply for personal use)*

IMPORTANT LICENSE INFORMATION:

Idaho has a pre-set, two year licensing period. However, if you apply for a license mid cycle, you will have a license for less than two years. See chart below for expiration dates and contact the licensing office with any questions (Contact information provided above).

| LAST NAMES | LICENSE EXPIRES | LAST NAMES | LICENSE EXPIRES |
|------------|----------------------|------------|-----------------------|
| A-D | March of Odd years | M-P | March of Even Years |
| E-H | July of Odd Years | Q-T | July of Even Years |
| I-L | October of Odd Years | U-Z | October of Even Years |

- NOTES:**
- 1) If applicant is renewing license, attach a copy of the front and back of your signed license.
 - 2) If applicant is **not** an Idaho Resident, and seeking reciprocity from the following states:
 - a) Washington and Oregon applicants must submit a printout of current license status from their State Department of Agriculture's website.
 - b) Montana, Utah, and Wyoming applicants must request a *Letter of Good Standing* from their State's Department of Agriculture.

I certify that this information is correct. I am at least eighteen (18) years of age.

DATE _____ APPLICANT SIGNATURE _____