

IDAHO STATE DEPARTMENT OF AGRICULTURE

Division of Agricultural Resources

PO Box 7723

Boise, Idaho 83707

Tel: (208) 332-8600

Visit our Website at <http://www.agri.idaho.gov>

Physical Address: 2270 Old Penitentiary Rd, 83712

FOR ISDA OFFICE USE ONLY

Check # _____

Amount _____

Person _____

Company _____

PROFESSIONAL APPLICATOR & DEALER LICENSE APPLICATION-(2015)

- Initial License
- Renewing License
- Change of Employer/ or Updating Contact Information
- Adding Employer

(PLEASE TYPE OR PRINT LEGIBLY-All sections require completion)

Applicant _____ Date of Birth _____ Soc. Sec # or ISDA Lic # _____
(Full Legal Name, including middle initial)

Home Mailing Address _____ Personal Telephone # _____

City _____ State _____ Zip _____ Email _____

Company _____ Business Telephone # _____

Company Address _____ City _____ State _____ Zip _____

Physical Location (If different from mailing address) _____

PROFESSIONAL PESTICIDE APPLICATOR LICENSE FEES

- \$120 - Applicants with last names "M" through "Z"** applying for a license between November 1, 2014 and November 1, 2016, will pay the full license fee. License will **expire on December 31, 2016**.
- \$60 - Applicants with last names "A" through "L"** applying for a license between November 1, 2014 and November 1, 2015, will pay a reduced license fee. License will **expire on December 31, 2015**.
- Government Agency Employees are exempt from licensing fees.

PESTICIDE DEALER LICENSE FEES

- \$100** - Fee for a two-year license that is renewable in August of even years (**\$50 from July 31, 2015 to July 31, 2016**).

1. **FINANCIAL RESPONSIBILITY-** All Professional Applicators must provide proof on financial responsibility (i.e. applicator insurance, bond, certificate of deposit, etc.) in order to be issued a license. Applicator licenses will not be issued without one of the forms listed below being submitted to the ISDA, Applicator Licensing Office. See below for specific requirements.

- Idaho Certificate of Insurance (No Acord forms accepted):** Policies listed under a company name will provide coverage for all professional applicators in the scope of their employment. Applicators not covered by company insurance must secure insurance and provide proof on ISDA certificate. Other documentation of financial responsibility must be approved by ISDA.
- Exemption from Insurance:** Professional Applicators who are **CONSULTANTS** or maintaining a license, without making professional pesticide applications, may submit a completed "Exemption from Financial Responsibility" form to the ISDA.

2. **TYPE OF APPLICATION:** *Please mark the appropriate box.*

- Aerial Operation * (See additional requirements below)
- Ground Application
- *Aerial applicators: Must submit copies of your valid FAA Pilot's License and current FAA Medical Certificate**

- **OUT-OF-STATE APPLICANTS** seeking reciprocity from Montana, Utah, and Wyoming, must request a letter of good standing from their State Dept. of Agriculture. Washington and Oregon applicators must provide a printout of RENEWED license from their State Dept. of Agriculture website. *ISDA will not issue a license with expiring or expired out of state licenses.*
- **CURRENT LICENSE HOLDERS** renewing their licenses must send a copy of the front and back of their signed ISDA license.

I certify that I am at least eighteen (18) years of age and the information on this application is true and correct.

DATE: _____ **APPLICANT SIGNATURE:** _____

**-Send Original Applications Only-
No copies, faxes, or e-mails of this application are accepted.**