

Wisconsin Dept. of Agriculture, Trade and Consumer Protection **Division of Agricultural Resource Management Bureau of Agrichemical Management** Box 93598 Milwaukee, WI 53293-0598 Phone: (608) 224-4548 DATCPpesticideinfo@wi.gov

DATCP OFFICE USE ONLY

Date Received

License Number

Check #

Individual Commercial Pesticide Applicator License Application Section 94.704, Wis. Stats and ATCP 29.25, Wis. Adm. Code

Applicant Information				
Legal Name:				
Street Address:				
City:	State:	Zip Code:		
Applicator Certification Number:	Certification Expiration Date:	County:	ounty:	
Phone Number: This License is required if you (1) Decremently use or direct to				
Email:	 (1) Personally use or direct the use of ANY pesticide as a commercial applicator FOR-HIRE. (2) Personally use a RESTRICTED-USE pesticide as a commercial applicator. (3) Directs the use of a pesticide by a person specified under (1) or (2). Note: "Use" includes applying, mixing, loading, and disposal of pesticides 			
Check each category that you are certified in				
□ 1.2 Fruit □ 5.	0 Aquatic & Mosquito1 Anti-fouling Paints	Anti-fouling Paints		
-	0 Right of Way & Natural Ar1 Structural, Public Health			
□ 2.0 Forest □ 7. □ 3.0 Turf & Landscape □ 7.	2 Fumigation	 24.0 Mix/Load 25.0 Soil Fumigation 		
□ 3.1 Greenhouse & Nursery □ 7.	5	 26.0 Chemigation 		
,	4 Wood Preservation		inigation	
Legal Business Name:				
Mailing Address:				
City:		State:	Zip Code:	
Pesticide Application Business License Number: 93-		Business Telephone:		
For hire commercial applicators only				
Fee\$40.00				
Late Fee If you held a License the previous year, AND you are paying after December 31\$8.00				
Note: Employees of governmental or educational institutions are exempt from the fee LICENSES ARE NON-TRANSFERABLE AND LICENSE FEES ARE NON-REFUNDABLE.				
NEW Consent for employer to make payment and receive this license. Consent does not remove you from licensing requirements.				
Make check payable to:Wisconsin Department of Agriculture, Trade and Consumer Protection (WDATCP)Mail this form and fee to:WDATCP, Lockbox 93598, Milwaukee, WI 53293-0598				
AFFIRMATION: I hereby certify that the information submitted are complete and accurate				
CERTIFIED PESTICIDE APPLICATOR SIGNAT	URE	MONTH	DAY	YEAR
x				

Personally identifiable information you provide may be used for purposes other than that for which it was collected. (s. 15.04 (1) (m), Wis. Stats.).

Online licensing available: https://datcp.wi.gov/Pages/Licenses_Permits/CommercialApplicator.aspx MAKE A COPY OF THIS APPLICATION TO SERVE AS A RECEIPT FOR YOUR RECORDS