

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 PESTICIDE APPLICATOR LICENSE APPLICATION-(2017)

- Initial License Renewing License or Updating Contact Information Change of Employer Adding 2ND Employer
(PLEASE TYPE OR PRINT LEGIBLY-Applications will not be accepted unless completed and signed)

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

Home Mailing Address _____ Personal Telephone # _____

City _____ State _____ Zip _____ Email _____

Physical Location (If different from mailing address) _____

Company _____ Business Telephone # _____

Company Address _____ City _____ State _____ Zip _____

Physical Location (If different from mailing address) _____

APPLICATOR LICENSE FEES

- \$120 - Applicants with last names “M” through “Z”** applying for a license between November 1, 2016 and November 1, 2017, will pay the full license fee. License will **expire on December 31, 2018.**
- \$60 - Applicants with last names “A” through “L”** applying for a license between November 1, 2016 and November 1, 2017, will pay a reduced license fee. License will **expire on December 31, 2017.**
- Government Agency Employees are exempt from licensing fees.

FINANCIAL RESPONSIBILITY- All Professional Applicators must provide proof of 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, having been submitted to the ISDA, Applicator Licensing Office. See below for specific requirements.

- Idaho Certificate of Insurance (No Acord forms accepted):** Insurance carries must complete and submit this form to the ISDA. 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 have their carriers submit an ISDA certificate.
 - Exemption from Insurance:** Professional Applicators, who are **CONSULTANTS** or maintaining a license without making professional pesticide applications, may submit an “Exemption from Financial Responsibility” form to the ISDA.
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- **AERIAL APPLICATORS** must submit copies of your valid FAA Pilot’s License AND a current FAA Medical Certificate
 - **CURRENT LICENSE HOLDERS** renewing their licenses must send a copy of the front and back of their signed ISDA license.
 - **OUT-OF-STATE APPLICANTS** (Montana, Oregon, Utah, and Wyoming) - must request a letter of good standing from that state’s Dept. of Agriculture, except for Washington applicators - must provide a printout of a CURRENT license from the WSDA’s website. **ISDA will not issue a reciprocal license with expiring (less than 45 days) or expired licenses.**

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

DATE: _____ **APPLICANT’S SIGNATURE:** _____

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