

Idaho State Department of Agriculture

Division of Agricultural Resources

PO Box 7723

Boise, ID 83707

(208) 332-8600 Fax: (208) 334-3547

Web Address: www.agri.idaho.gov

OFFICE USE ONLY

Receipt Date _____

Check # _____

Fee \$ _____

Record # _____

2008/2009 PESTICIDE LICENSE APPLICATION

Please Print

APPLICANT _____ SS# _____

MAILING ADDRESS _____

CITY _____ ST _____ ZIP _____ COUNTY _____

HOME PH _____

- NOTES:**
- (1) List chemigation systems on inventory of chemigation systems form (attach additional sheets if necessary) if you are applying for a chemigation license.
 - (2) Out-of-state applicants seeking reciprocity (RU only) must attach a copy of their current year home state license to this application.
 - (3) Dates of expiration correspond with the first letter of your last name (see chart below).
 - (4) If you are renewing your license, attach a copy of the front and back of your signed license.

LAST NAME		LICENSE EXPIRES
Odd Year	Even Year	
A-D	M-P	MARCH
E-H	Q-T	JULY
I-L	U-Z	OCTOBER

I am applying for:

___ Restricted Use (RU) Pesticide Category \$10.00 fee

___ Chemigation (CH) Category \$20.00 fee

___ Both RU & CH Categories \$30.00 fee

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

DATE _____ APPLICANT SIGNATURE _____