



Idaho State Department of Agriculture
 Division of Agricultural Resources
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 Email: pestidelicensing@isda.idaho.gov

ISDA Office Use Only
Invoice #
Check #
Fee \$
Person #
Company#

PROFESSIONAL LICENSE APPLICATION

LICENSE UPDATE INFORMATION CHANGE OF EMPLOYER ADDING 2ND EMPLOYER

APPLICANT _____ DOB _____ SS#/ISDA LIC # _____
 (FULL LEGAL NAME REQUIRED)

ADDRESS _____ PERSONAL PHONE # _____

CITY _____ ST _____ ZIP _____ EMAIL _____

COMPANY _____ BUSINESS PHONE _____

MAILING ADDRESS _____

CITY _____ ST _____ ZIP _____ EMAIL _____

Fees

- \$120- Last names M-Z** applying for a license between November 1, 2024, and November 1, 2024, will pay the full-term licensing fee. Expires on December 31, 2026.
- \$60- Last names A-L** applying for a license between November 1, 2024, and November 1, 2024, will pay a reduced term licensing fee. Expires on December 31, 2025.
- Government Agency Employees are exempt from licensing fee for government work only.

Financial Responsibility:

To be issued a license, all professional applicators must provide proof of financial responsibility (i.e. company insurance, bond, certificate of deposit, etc.).

Additional Requirements:

- **Current License Holders-** renewing their license must provide proof of recertification credits or test to renew license.
- **Reciprocal Licensing-** Those who have current and active Pesticide Licenses in Montana, Oregon, Utah, and Wyoming must provide a letter of good standing from the issuing states Department of Agriculture.

Date: _____ **Applicants Signature:** _____

-Signing this form verifies the information is correct and I understand the terms of the license-

Pay with a check

Pay with a credit card (an invoice will be emailed to you)

**-Payments are non-refundable/ non-transferable-
 -Unable to accept cash payments-**