



Idaho State Department of Agriculture
Division of Agricultural Resources
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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 A-L** applying for a license between November 1, 2025, and November 1, 2026, will pay the full-term licensing fee. Expires on December 31, 2027.

☐ **\$60- Last names M-Z** applying for a license between November 1, 2025, and November 1, 2026, will pay a reduced term licensing fee. Expires on December 31, 2026.

☐ 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 have 16 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-

-Checks accepted-