



**Idaho State Department of Agriculture**  
 Division of Agricultural Resources  
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Invoice #	
Check #	
Fee \$	
Person #	
Company#	

**COMMERCIAL APPRENTICE LICENSE APPLICATION**

**APPLICANT** \_\_\_\_\_ **DOB** \_\_\_\_\_ **SS#** \_\_\_\_\_  
 (FULL LEGAL NAME REQUIRED)

**ADDRESS** \_\_\_\_\_ **PERSONAL PHONE #** \_\_\_\_\_

**CITY** \_\_\_\_\_ **ST** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**EMAIL** \_\_\_\_\_

**COMPANY** \_\_\_\_\_ **BUSINESS PHONE** \_\_\_\_\_

**MAILING ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_ **ST** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**EMAIL** \_\_\_\_\_

**Fee**

**\$60- License expires one year from date of issuance. License is not renewable.**

**Government employees are exempt from fees.**

**Additional Requirements**

**Must pass Core Competency exam with minimum score of 70%.**

**Date:** \_\_\_\_\_ **Applicants Signature:** \_\_\_\_\_

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

-All payments are non-refundable/ non-transferable-

-Unable to accept cash payments-