



Idaho State Department of Agriculture
 Division of Agricultural Resources
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Invoice #
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PRIVATE APPLICATOR PESTICIDE LICENSE APPLICATION

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 _____

Physical Address (if different from mailing) _____

Private Applicator (PA) \$10 Fee

*Private Applicator licensing requirements and process outlined in Idaho Code § 22-3404 and IDAPA 02.03.03.150

Important License Information

Idaho has a preset, two-year licensing period. New or reestablished pesticide licenses may expire before the full two-year cycle. See the chart below.

Last Names	License Expires	Last Names	License Expires
A-D	March of Odd Years	M-P	March of Even Years
E-H	July of Odd Years	Q-T	July of Even Years
I-L	October of Odd Years	U-Z	October of Even Years

⇒ **The recertification period is concurrent with the licensing period. Any person with less than thirteen (13) months in the initial licensing period is not required to obtain recertification credits for the initial period.**

Date: _____ **Applicant 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)

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