OHIO DEPARTMENT OF AGRICULTURE
Plant Industry Division – Pesticide & Fertilizer Regulation Section
8995 East Main Street, Reynoldsburg, OH 43068-3399
Phone: (614) 728-6987 -**Fax**: (614) 728-4235 -**Web site**: www.agri.ohio.gov - **email**:pesticides@agri.ohio.gov

OHIO APPLICATION FOR A PESTICIDE LICENSE

License Period: October 1, 2010 thru September 30, 2011

PART A – Check license type(s) you wish to obtain: Refer to page 3 for definitions of each license type

- ☐ COMMERCIAL APPLICATOR LICENSE ($35.00) – Required Parts: A,B,C,E,F, & G DMA (PAGE 2)
- ☐ PESTICIDE APPLICATION BUSINESS LICENSE ($35.00) – Required Parts: A,B,C,D, & G DMA (PAGE 2)
- ☐ PESTICIDE SOLICTATION BUSINESS LICENSE ($35.00 – Required Parts: A, B, C, D, & G DMA (PAGE 2)
- ☐ PESTICIDE REGISTERED LOCATION LICENSE ($35.00) – Required parts: A,B,C,D, & G DMA (PAGE 2)
- ☐ RESTRICTED USE PESTICIDE DEALER LICENSE ($35.00) – Required Parts: A, B, C, & G DMA (PAGE 2)

PART B – APPLICANT'S LEGAL NAME, OR BUSINESS NAME, ADDRESS, & SIGNATURE (Please Print)

Person Legal First Name | MI | Person Last Name | Last 4 SSN

Company/Agency Name (If you selected Pesticide Registered Location please provide a Company ID below) | ID

Person or Business Mailing Address | Actual Business Location (PO Box is not acceptable)

City | State | City | State

Zip | Phone | Zip | Phone

County | County

Commercial applicators only: Have you ever been convicted of or plead guilty to a felony or misdemeanor involving moral turpitude (depravity; baseness; shameful) other than a minor traffic offense? ☐ YES ☐ NO

Signature: _____ **Date** _____

PART C – PAYMENT METHOD

Payment by check **payable to the Ohio Department of Agriculture** must be mailed, no purchase orders are accepted.
This application may be faxed or mailed provided it is a credit card payment ONLY.
State Agencies must pay by ISTV. Submit a letter requesting this type of payment with the application.
This application and fee are only valid for the licensing period listed above. The application becomes void if requirements are not met within this period. License payments **are not refundable.**
Payment may be made with one check when submitting multiple applications. This application can be duplicated.

Number of licenses _____ X $35.00 each =

Payment method: ☐ Check/Money Order # _____ ☐ Visa ☐ MasterCard

The following information is required before a credit card payment can be processed.

Person name on credit card

Credit Card Number

Expiration Date (MM) (YYYY) Valid Signature _____

PART D – Business Types – Check one: ☐ Corporation ☐ Limited Liability Company (LLC) ☐ Proprietorship

☐ Other _____ ☐ Doing Business As (DBA) Name _____

PART E – APPLICABLE CATEGORIES (Commercial Applicators ONLY):

Refer to pages 3 & 4 of the application for definitions of each category.
Check the applicable categories below, each category requires an examination. In addition, a Core exam is required.
Allow 4-6 weeks for study materials to be mailed via UPS.
Core study materials (based on regulation and safety) are included with the category materials.

☐ Check if study material is **NOT** needed. Study material is also available online at www.agri.ohio.gov

☐	1	AERIAL PESTS	☐	4a	FOREST PESTS	☐	10a	GENERAL PESTS
☐	2a	AGRONOMIC PESTS	☐	4b	WOOD PRESERVATION	☐	10b	TERMITE
☐	2b	HORTICULTURE PESTS	☐	5	INDUSTRIAL VEGETATION	☐	10c	FUMIGATION
☐	2c	AGRICULTURAL WEED	☐	6a	ORNAMENTAL PESTS	☐	10d	MOSQUTIO, HOUSE FLY
☐	2d	SEED TREATMENT	☐	6b	INTERIOR PLANTSCAPE	☐	11	LIVESTOCK PREDATOR (USDA ONLY)
☐	2e	TOBACCO SUCKERING	☐	6c	ORNAMENTAL WEED	☐	12	WOOD DESTROYING INSECT DIANOSTIC INSPECTION (WDI)
☐	2f	SOIL FUMIGATION	☐	6d	GREENHOUSE PESTS	☐		(WDI training is required for licensure)
☐	3a	GENERAL AQUATIC PESTS	☐	7	VERTEBRATE ANIMAL	☐		
☐	3b	BOAT ANTIFOULANT	☐	8	TURF PESTS	☐		
☐	3c	SEWER ROOT	☐	9	LIVESTOCK/ANIMAL PESTS	☐		

PART F – RECIPROCITY WITH OTHER STATES

Ohio has reciprocal agreements based on residency with several states. If you are applying for a license based on reciprocity, you must be a resident and have passed exams in that state. **You are required to send a legible copy of your driver's license with the application.** However, if you are an Ohio resident you must take Ohio's exams for licensing.
Reciprocal states:

☐ **Alabama** ☐ **Florida** ☐ **Georgia** ☐ **Illinois** ☐ **Indiana** ☐ **Louisiana** ☐ **Michigan**
☐ **Minnesota** ☐ **Mississippi** ☐ **New York** ☐ **Pennsylvania** ☐ **Virginia**

PART G – DECLARATION REGARDING MATERIAL ASSISTANCE/NON-ASSISTANCE TO A TERRORIST ORGANIZATION (DMA)

In accordance with section 2909.32 (A)(2)(b) of the Ohio Revised Code. For each question, indicate either "yes or no" in the space provided. Responses must be truthful to the best of your knowledge

1. Are you a member of an organization on the US Dept of State Terrorist Exclusion List? ☐ Yes ☐ No
2. Have you used any position of prominence you have with any country to persuade others to support an organization on the US Dept of State Terrorist Exclusion List? ☐ Yes ☐ No
3. Have you knowingly solicited funds or other things of value from an organization on the US Dept of State Terrorist Exclusion List? ☐ Yes ☐ No
4. Have you solicited any individual for membership on an organization on the US Dept of State Terrorist Exclusion List? ☐ Yes ☐ No
5. Have you committed an act that you know, or reasonably should have known, affords "material support or resources", to an organization on the US Dept of State Terrorist Exclusion List? ☐ Yes ☐ No
6. Have you hired or compensated a person you know to be a member of an organization on the US Dept of State Terrorist Exclusion List, or a person you knew to be engaged in planning, assisting, or carrying out an act of terrorism? ☐ Yes ☐ No

CERTIFICATION

I hereby certify that answers I have made to all of the questions on this declaration are true to the best of my knowledge. I understand that if this declaration is not completed in its entirety, it will not be processed and I will be automatically disqualified. I understand that I am responsible for the correctness of this declaration. I understand that failure to disclose the provision of material assistance to an organization identified on the US Dept. of State Terrorist Exclusion List, or knowingly making false statements regarding material assistance to such an organization is a felony of the fifth degree. I understand that any answer of "yes" to any question, or the failure to answer "no" to any question on this declaration shall serve as a disclosure that material assistance to an organization identified on the US Department of State Terrorist Exclusion List has been provided by myself or my organization. If I am signing this on behalf of a company, business or organization, I hereby acknowledge that I have the authority to make this certification on behalf of the company, business, or organization referenced on this application.

APPLICANT SIGNATURE **DATE**

_____ _____