



**OHIO DEPARTMENT OF AGRICULTURE**  
**Plant Industry Division – Pesticide & Fertilizer Regulation Section**  
**8995 East Main Street, Reynoldsburg, OH 43068-3399**



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**OHIO APPLICATION FOR A PRIVATE PESTICIDE APPLICATOR LICENSE**

License Period: April 1, 2012 thru March 31, 2015

**PART A – APPLICANT’S LEGAL NAME, MAILING ADDRESS, & SIGNATURE (Please Print)**

Person Legal First Name \_\_\_\_\_ MI \_\_\_\_\_ Person Last Name \_\_\_\_\_ Last 4 SSN \_\_\_\_\_

Person Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_ Phone \_\_\_\_\_

**PART B – PAYMENT METHOD**

Payment made by check is **payable to the Ohio Department of Agriculture** and must be mailed. This application may be faxed or mailed provided it is **ONLY** a credit card payment. **This application and fee are only valid for the licensing period listed above.** Failure to **become a licensed private applicator** during the application period will **VOID** the application. License fees **are not refundable for any reason.**

License fee: \$30.00

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 C – DECLARATION REGARDING MATERIAL ASSISTANCE/NON-ASSISTANCE TO A TERRORIST ORGANIZATION (DMA) (Required must be completed to receive a license)**

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 have 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 \_\_\_\_\_