



## CHANGE OF INFORMATION FORM FOR APPLICATORS

Please fill the form out on-line, including the electronic signature, and either email, fax, or mail it to the Ohio Department of Agriculture at [pesticides@agri.ohio.gov](mailto:pesticides@agri.ohio.gov) or 614-728-4235.

License or ID #: \_\_\_\_\_  
(Required)

Last 4 Digits of SSN: \_\_\_\_\_  
(Required)

Office Use Only  
Entered by \_\_\_\_\_  
Date Entered \_\_\_\_\_

### Name Changes

New First Name: \_\_\_\_\_

New Last Name: \_\_\_\_\_

### Address Changes

#### New Mailing Address:

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_

#### New Location Address:

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_

### Employment Changes (e.g. changing jobs or companies)

New Company Name: \_\_\_\_\_

New Company Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_

Electronic Signature: \_\_\_\_\_

(Please type your name here)

