

The following information changes to a current Illinois pesticide applicator / operator license is hereby requested as follows:

Change type (please check all that apply):

- Company change**
- Address / Telephone / E-mail change**
- Telephone number change**
- E-mail address change**
- Other:** _____

Corrected information is as follows (please print clearly):

Name: _____

License Number: _____ **Last 4 digits of SS#:** _____

Old Company (if applicable): _____

New Company (if applicable): _____

Address: _____

City, State, & Zip Code: _____

Phone: _____

E-Mail address: _____

Signature: _____ **Date:** _____

Return the completed form(s) to:

Illinois Department of Agriculture -- Bureau of Environmental Programs
P.O. Box 19281
Springfield, IL 62794-9281
(217) 785-2427 (voice & TDD)
or
(217) 524-4882 (FAX)
or
AGR.PESTICIDE@Illinois.gov

This agency is requesting disclosure of information that is necessary to accomplish the statutory purposes as outlined under 415 ILCS 60/1. Failure to provide this information shall prevent this form from being processed. This form has been approved by the state forms management center.

For Office Use Only:

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