

*The following individual is requesting to receive a duplicate Illinois pesticide applicator / operator license as described below. Attach to this form a \$5 payment for the issuance of the requested duplicate license.*

- License type:**
- |  |  |
|--|--|
| <input type="radio"/> Commercial Applicator              | <input type="radio"/> Commercial Operator              |
| <input type="radio"/> Commercial Not-for-Hire Applicator | <input type="radio"/> Commercial Not-for-Hire Operator |
| <input type="radio"/> Public Applicator                  | <input type="radio"/> Public Operator                  |
| <input type="radio"/> Dealer                             | <input type="radio"/> Private Applicator               |

**Name:** \_\_\_\_\_

**License Number:** \_\_\_\_\_ **Last 4 digits of SS#:** \_\_\_\_\_

**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](mailto: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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