

The currently licensed pesticide applicator or operator whose information and signature is shown below is requesting to apply for an additional pesticide applicator or operator license as indicated (please print clearly).

Licensee Name: _____ Last 4 digits of SS#: _____

Address: _____

City, State, & Zip Code: _____

Phone: _____

E-Mail address: _____

Existing License Number: _____

Existing Company Name: _____

New Company Name : _____

New Company Street Address : _____

New Company City, State, and Zip Code : _____

New Company Phone: _____

New Company 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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