

STATE OF ILLINOIS
DEPARTMENT OF AGRICULTURE

RECIPROCAL Pest Control License Application

COMPANY NAME:
(if applicable)

NAME:

COMPANY ADDRESS:

CITY, STATE, ZIP:

SOCIAL SECURITY #

Mail application and appropriate fee payable to:

TELEPHONE #:

Illinois Department of Agriculture
Bureau of Environmental Programs
P.O. Box 19281
Springfield, IL 62794-9281
 (217) 785-2427 -- TDD # (866) 287-2999

Instructions (for additional instructions, please see reverse side):

1. Please print clearly and provide all information as requested.
2. Please mail this completed application along with the appropriate fee to the address indicated.
3. In addition to sending this completed form and fee to the Illinois Department of Agriculture, you must also submit a **License Verification Form** to your current state regulatory agency for verification of your existing licensure status. For additional details, please see our website at the following address:
<https://www2.illinois.gov/sites/agr/Pesticides/Pages/Certification-and-Licensing.aspx#h8>
4. Failure to provide all the information required shall prevent this form from being processed.
5. Please allow 15 to 20 working days for this form to be processed.
6. Please retain a copy of this form and your check as a receipt for your records.

For Office Use Only:

License Type Requested (check one) :

- Pesticide Dealer Registration (Fee = \$116.67 for 1-year license)
- Commercial Applicator License plus Pesticide Dealer Registration (Fee = \$80 for 1-year license)
- Commercial Applicator License (Fee = \$80 for 1-year license)
- Commercial Operator License (Fee = \$60 for 1-year license)
- Commercial not-for-hire Applicator License (Fee = \$40 for 1-year license)
- Commercial not-for-hire Operator License (Fee = \$30 for 1-year license)
- Private Pesticide Applicator License (Fee = \$20 for 1-year license)

The above individual is a resident of the state of: _____

Applicator Designation: (If requesting an operator license, you must identify your immediate supervisor who holds a valid applicator license before this form can be processed.)

Applicator Name: _____

Last 4 digits of Applicator Social Security #: _____

Required Certifications: (FAILURE to check one of the boxes below may result in the application not being processed.)

1. According to the Illinois Administrative Procedures Act, each state agency must require license holders to certify the following:

Are you more than 30 days delinquent in complying with a child support order?

YES _____ NO _____

(Note: If you are not subject to child support order, answer "NO")
 Failure to so certify may result in denial of the application/renewal request and making a false statement may subject the licensee to contempt of court (5 ILCS 100/10-65[c]).

2. "I hereby certify that the information contained herein is true and accurate to the best of my knowledge."

Signature: _____

Date: _____

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 Illinois Department of Agriculture.

For Office Use Only:

Check #:	_____	RC - 501	\$ _____	RC - 515	\$ _____
		RC - 502	\$ _____	RC - 517	\$ _____
Amount:	\$ _____	RC - 505	\$ _____	RC -	\$ _____
		RC - 506	\$ _____	RC -	\$ _____