

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](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.

<b>For Office Use Only:</b>