



MARYLAND DEPARTMENT OF AGRICULTURE  
OFFICE OF PLANT INDUSTRIES AND PEST MANAGEMENT  
PESTICIDE REGULATION SECTION

50 Harry S. Truman Parkway  
Annapolis, Maryland 21401  
Telephone: 410/841-5710  
FAX: 410/841-2765

APPLICATION FOR A PESTICIDE  
**BUSINESS LICENSE** UNDER THE  
MARYLAND PESTICIDE APPLICATORS LAW.

*Please Type or Print*

I, \_\_\_\_\_ ,  
hereby apply for a license to operate a pesticide  
business in the state of Maryland in accordance  
with the provisions of Agriculture Article,  
Section 5-201 through 5-211 Annotated Code  
of Maryland.

FOR DEPARTMENTAL USE	
Date Appl. Received	_____
Date Fees Received	_____
Date Appl. Approved	_____
Fee For :	
License _____	Certificate _____
Check No.	_____
Acct. No.	_____ Ref. No. _____
License No.	_____ Control No. _____
Certificate No.	_____
Categories	_____
Classification	_____
Date Mailed	_____

\_\_\_\_\_ Check Here If You Are An Existing Pesticide Business Applying For A New License Due To  
Change In Ownership. List Current Md. Pesticide Business License No.: \_\_\_\_\_

1. Business Name and Address (As you wish it to appear on license)

\_\_\_\_\_ Business Name

\_\_\_\_\_ Street

\_\_\_\_\_ City

\_\_\_\_\_ State

\_\_\_\_\_ Zip Code

\_\_\_\_\_ County

\_\_\_\_\_ Telephone No.

2. Physical Address: (If different from address listed above.)

\_\_\_\_\_ Street

\_\_\_\_\_ City

\_\_\_\_\_ State

\_\_\_\_\_ Zip Code

\_\_\_\_\_ County

\_\_\_\_\_ Telephone No.

3. (a) If a partnership or association, provide the name and complete address of each partner or association officer:

(1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

(b) If a corporation, provide the following information:

(1) Date incorporated: \_\_\_\_\_

(2) State incorporated: \_\_\_\_\_

(3) Address of principle office: \_\_\_\_\_

\_\_\_\_\_

4. Check the category and sub-category of pest control for which a license is being applied. Name the certified applicator(s) for each category and sub-category. (Attach additional sheet if necessary.)

1. Agricultural

- ( ) A. Plant \_\_\_\_\_
- ( ) B. Animal \_\_\_\_\_
- ( ) C. Grain Treatment \_\_\_\_\_

2. ( ) Forest \_\_\_\_\_

3. Ornamental or Turf

- ( ) A. Ornamental Plants and Shade Trees-Exterior \_\_\_\_\_
- ( ) B. Ornamental Plants - Interior \_\_\_\_\_
- ( ) C. Turf and Lawn \_\_\_\_\_

4. ( ) Seed Treatment \_\_\_\_\_

5. ( ) Aquatic \_\_\_\_\_

6. ( ) Right-of-Way and Weed \_\_\_\_\_

7. Industrial, Institutional, Structural & Health Related

- ( ) A. General Pest Control \_\_\_\_\_
- ( ) B. Wood Destroying Insects \_\_\_\_\_
- ( ) C. Wildlife Control \_\_\_\_\_
- ( ) D. Rodent Control \_\_\_\_\_
- ( ) E. Fumigation \_\_\_\_\_

- 8. ( ) Public Health \_\_\_\_\_
- 9. ( ) Regulatory \_\_\_\_\_
- 10. ( ) Demonstration & Research \_\_\_\_\_
- 11. Miscellaneous
  - ( ) A. Wood Treatment \_\_\_\_\_
  - ( ) B. Tributyltin Antifoulant Paint (TBT) \_\_\_\_\_
  - ( ) C. Sewer Root Treatment \_\_\_\_\_
- 13. ( ) Aerial \_\_\_\_\_

5. List amount of insurance carried:  
(Figures in parenthesis are the minimum required amounts.)

Bodily Injury:	Each Person (\$100,000)	_____
	Each Occurrence (\$300,000)	_____
Property Damage:	Each Occurrence (\$15,000)	_____
	Annual Aggregate (\$30,000)	_____

**NOTE:** An original insurance certificate with binder number and/or policy number, expiration date and amounts of insurance coverage must be enclosed with the application. Photocopies cannot be accepted.

6. Have you ever had a judgement against you arising from the application of pesticides?  
Yes( ) No ( ) If yes, give particulars on a separate sheet.

7. List the names of all certified applicatrs employed by your company and submit a one inch by one inch photo of each employee. (Attach additional sheet if necessary.)

a. \_\_\_\_\_

Name	Date of Birth	
_____		
Social Security No.	Driver's License No.	Certificate Number

b. \_\_\_\_\_

Name	Date of Birth	
_____		
Social Security No.	Driver's License No.	Certificate Number

c. \_\_\_\_\_

Name	Date of Birth	
_____		
Social Security No.	Driver's License No.	Certificate Number

8. If you employ one or more persons you are required by law to carry Workmen's Compensation insurance. You must file with this Department a certificate of compliance the State Workmen's Compensation Laws or you may provide your Workmen's Compensation policy number or binder number as evidence of coverage.

Policy Number \_\_\_\_\_ Binder Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

9. If a non-resident of Maryland, appoint a resident of Maryland to be a process agent to accept service of notice or process arising in any court from any action, criminal or civil, resulting from your operations in the State of Maryland. If you do not have an individual that can be appointed to serve as a resident agent, list the Maryland Office of the Attorney General.

I (we) hereby appoint \_\_\_\_\_

\_\_\_\_\_  
Street City State Zip Code Telephone No.

10. If you are an existing business applying for a new business license due to change in ownership, provide the name and address of the new owners below. All other applicants write N/A below.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street City State Zip Code Telephone No.

I certify that the above information is true and accurate to the best of my knowledge.

\_\_\_\_\_  
Signature of Applicant

Title

Date

**Public Information Notice**

Your application cannot be processed unless all of the information requested has been supplied. The information you supply notifies the Department of your interest in obtaining a license, certificate or permit under the Regulations Pertaining To The Pesticide Applicators Law, §15.05.01 et seq., Annotated Code of Maryland. This information is used by the Department to determine whether you are eligible to obtain a license, certificate or permit. You have a right to inspect, amend, or correct information. Under State Government Article, §10-611 et seq., Annotated Code of Maryland, this information may be available for public inspection. This information is not routinely shared with the general public or state, federal or local government agencies.