

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 **PERMIT TO
 SELL OR TRANSFER RESTRICTED
 USE PESTICIDES** UNDER THE
 MARYLAND PESTICIDE APPLICATORS LAW.

I hereby apply for a permit to sell or transfer restricted use pesticides in the state of Maryland in accordance with the provisions of Agricultural Article, Section 5-201 through 5-211 Annotated Code of Maryland.

Please Type or Print

_____ Check Here If You Are An Existing Dealer Applying For A New Permit Due To Change In Ownership. List Current Md. Pesticide Dealer Permit No.: _____

1. Name of contact person:

2. Business name and address:

Business Name

Street

City

State

Zip Code

County

Telephone Number

I certify that I understand my legal responsibilities for the sale and/or transfer of restricted use pesticides and that I will only sell restricted use pesticides to individuals who possess a valid pesticide applicator certificate or their authorized representative.

Name

Title

Date

(The yearly permit fee fee is \$25 payable to the Maryland Department of Agriculture.)

FOR DEPARTMENTAL USE	
Date Appl. Received	_____
Date Fees Received	_____
Date Appl. Approved	_____
Fee For Dealer Permit	_____
Check No.	_____
Acct. No.	_____ Ref. No. _____
Permit No.	_____ Control No. _____
Date Mailed	_____

REQUEST FOR INFORMATION REGARDING PESTICIDE SALES

We are asking that you provide us with some basic information relating to tyour sale of pesticides. This information will assist us in providing you with information that is pertinent to you and your customers. Please complete the information below and check the appropriate areas of pesticide sales that pertain to your business, and return it with the application. Should you have any further questions please contact us at the telephone number listed below.

Company Name: _____

Company Address: _____

City / State / Zip: _____

County: _____

PLEASE CHECK APPROPRIATE AREA(S) OF SALES

- | | |
|---|-------------------------------------|
| <input type="checkbox"/> Agricultural | <input type="checkbox"/> Structural |
| <input type="checkbox"/> Ornamental and Turf | <input type="checkbox"/> Aquatic |
| <input type="checkbox"/> Forest and Right of Way | <input type="checkbox"/> Fumigants |
| <input type="checkbox"/> Other: Please Specifiy _____ | |

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