

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 **PUBLIC AGENCY PERMIT**
UNDER THE MARYLAND PESTICIDE
APPLICATORS LAW.

Please Type or Print

I, _____,
hereby apply for a Public Agency Permit to engage in
pest control 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 Appl. Approved _____
Acct. No. _____ Ref. No. _____
Permit No. _____ Control No. _____
Certificate No. _____
Categories _____
Classification _____
Date Mailed _____

1. Agency Name and Address (As you wish it to appear on the permit.)

Agency 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. Check the category and sub-category of pest control for which a permit 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 _____
- 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 Pest Control
 - () A. Wood Treatment _____
 - () B. Tributyltin Antifoulant Paint (TBT) _____
 - () C. Sewer Root Control _____
- 13. () Aerial _____

4. List the certified pesticide applicator contact for this agency: (Attach additional sheet if necessary)

a. _____

Name		Telephone Number	
Address	City	State	Zip Code

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

Agency Official Signature	Title	Date