



Georgia Department of Agriculture

Agricultural Inputs Division – Pesticide Section

19 M.L.K. Jr. Drive, S.W., Room 410

Atlanta, Georgia 30334-4201

(Type or Print)

PHONE: 404-656-4958

FAX: 404-657-8378

GEORGIA PESTICIDE CONTRACTOR LICENSE APPLICATION

Date of Application _____ Month Day Year	Check One <input type="checkbox"/> This is the first time this company has applied for a Georgia Pesticide Contractor's License. <input type="checkbox"/> This is a renewal application.	Official Use Only License # _____ Date: _____ Amount \$ _____ Check No. _____
----------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------

BUSINESS

Business Name _____ Phone _____

Email Address: _____

↓ Mailing ↓

↓ Location (Street/Route) ↓

Address _____ Address _____

City _____ State _____ City _____ State _____

Zip _____ County _____ Zip _____ County _____

TYPE OF BUSINESS

Company or Corporation

Individual

Partnership

Note: If individual or partnership, furnish name and address of owners. If company or corporation, give name and title of officers.

(1) Name _____ (2) Name _____

Address _____ Address _____

City _____ Zip _____ City _____ Zip _____

Company / Corporation _____

Office _____ Title _____

Office _____ Title _____

Office _____ Title _____

COMMERCIAL PESTICIDE APPLICATORS

Provide name and license number of all certified commercial pesticide applicators in your full time employment. Attach an additional sheet, if needed.

Name	License #	Name	License #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

COMMERCIAL CATEGORIES

Check only the categories in which you actually operate and in which you have in full time employment at least one certified commercial applicator.

21 Plant Agricultural Pest Control

27 Right of Way Pest Control

38 Ag Commodity Fumigation

22 Animal Agricultural Pest Control

34 Aerial Equipment

39 Antifouling Paint

23 Forest Pest Control

35 Industrial Institutional Health Related

41 Mosquito Control

24 Ornamental and Turf Pest Control

36 Wood Treatment

26 Aquatic Pest Control

37 Anti-microbial

EQUIPMENT USED

List all equipment used except hand pumps on reverse side of this form. F.A.A. Company Operating Certificate # (Aerial only) _____

LICENSE FEE

This application must be accompanied by a \$55.00 license fee (Check or money order made payable to The Georgia Department of Agriculture)

LIABILITY COVERAGE / FINANCIAL RESPONSIBILITY

This application form shall serve as the certificate of liability insurance. By signing below, the applicant certifies that this pesticide contractor maintains financial responsibility at this and all times throughout the pesticide contractor license period as required and in the minimum amount specified by section 2-7-103 of the Georgia Pesticide Use and Application Act and section 40-21-8 of the rules of the Georgia Pesticide Use and Application Act. Failure to maintain financial responsibility will result in cancellation of your pesticide contractor license and may result in enforcement action against your company.

Applicant Signature _____	Printed Name _____	Title _____	Have you entered a guilty plea or been found guilty after January 1, 1984 of any violation of the Georgia Controlled Substance Act, which violation involved the use of an aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> No
---------------------------	--------------------	-------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------