

CPA

Oregon Department of Agriculture
Pesticides Division
(503) 986-4635

Form date 2/2015



Commercial Pesticide Applicator (CPA) Application Form - Please Print Clearly

Name Last, First, M.I. _____

Mailing Address _____

City, State, Zip _____

Home Address _____

City, State, Zip _____

Contact Home Phone _____ Cell Phone _____

Email _____

Employer Company Name _____

Operator License # _____

Physical Address _____

City, State, Zip _____

Contact Office Phone _____ Fax _____

Email _____

I AGREE TO COMPLY WITH ALL LAWS AND REGULATIONS PERTAINING TO THIS LICENSE. I WILL NOTIFY THE OREGON DEPARTMENT OF AGRICULTURE IMMEDIATELY SHOULD ANY INFORMATION ON THIS APPLICATION CHANGE. LICENSE EXPIRES DECEMBER 31.

Signature _____

Date (M/D/Y) _____

License # _____
AG-L CPA

Idaho Reciprocal
License # _____

- Check categories:
- Agriculture**
 - Herbicide
 - Insecticide & Fungicide
 - Livestock Pest
 - Soil Fumigation
 - Soil Fumigation II
 - Vertebrate Pest
 - Aquatic**
 - Demonstration and Research**
 - Forest**
 - IHS**
 - General Pest
 - Moss
 - Space Fumigation
 - Structural Pest
 - Wood Treatment
 - Marine Fouling Organism**
 - Ornamental & Turf**
 - Herbicide
 - Insecticide & Fungicide
 - Public Health**
 - Right of Way**
 - Seed Treatment**

- Check application method(s):
- Aerial
 - Home Inspections Only

License Fee Schedule

First major category	\$50.00 each
Additional major categories	\$7.50 each
Add maj. cat. after licensed	\$12.50 each
Exam retake fees	\$ 5.00 each

Total Due \$ _____

Do not detach

Social Security # _____ Date of Birth (M/D/Y) _____

For Checks or Money Orders, mail to:
Oregon Dept of Agriculture
 PO Box 4395 Unit 17
 Portland OR 97208-4395

For Credit Card Charges, complete below and mail or fax to:
Oregon Dept of Agriculture
 635 Capitol St NE
 Salem OR 97301-2532

Secure Fax: (503) 986-4746
 Visa, MasterCard or Discover Accepted

Make checks payable to: **Oregon Department of Agriculture**. All dishonored checks or electronic payments will incur a \$25 administrative fee per ORS 30.701. You must return this application to renew or delete your registration.

Name of Cardholder: _____ Phone: _____
 Address of Cardholder: _____ City: _____ Zip: _____
 Email or Fax receipt available for credit card payments ONLY. Print Email address or Fax# _____
 Signature: _____ Date: _____ Total Charges: \$ _____
 Card Number: _____ Expiration Date: _____