

# CPO

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

Form date 5/16



## Commercial Pesticide Operator (CPO) Application Form - Please Print Clearly

License # \_\_\_\_\_  
AG-L \_\_\_\_\_ CPO

**Name** Business Name \_\_\_\_\_  
Owner or Corporation Name \_\_\_\_\_

**Mailing** Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

**Physical** Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

**Contact** Office Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Email \_\_\_\_\_

**Insurance** Company Name \_\_\_\_\_  
Agent's Name \_\_\_\_\_

**Mailing** Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

**Contact** Agent's Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Email \_\_\_\_\_

**Policy** Policy Number \_\_\_\_\_  
Effective Date \_\_\_\_\_ Expires \_\_\_\_\_

- Check categories:
- Agriculture**
    - Herbicide
    - Insecticide & Fungicide
    - Livestock Pest
    - Soil Fumigation
    - Soil Fumigation II
    - Vertebrate Pest
  - Aquatic**
  - Demonstration and Research**
  - Forest**
  - IIHS**
    - 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 - Fixed**
  - Aerial - Helicopter**
  - Ground**
  - Home Inspections Only**

- Check type of ownership:
- Sole Proprietor**
  - Partnership**
  - Corporation**
  - LLC**

License Fee Schedule	
First major category	\$90.00
Additional major categories	\$15.00
Add. maj. cat. after licensed	\$20.00

I AGREE TO COMPLY WITH ALL LAWS AND REGULATIONS PERTAINING TO THIS LICENSE. I UNDERSTAND MY INSURANCE COVERAGE REQUIREMENTS AS SET FORTH IN ORS 634.116 AND OAR 603-057-102. FAILURE TO MAINTAIN INSURANCE COVERAGE IS A VIOLATION OF STATE LAW. I WILL NOTIFY THE OREGON DEPARTMENT OF AGRICULTURE IMMEDIATELY SHOULD ANY INFORMATION ON THIS APPLICATION CHANGE. LICENSE EXPIRES DECEMBER 31.

Print Name \_\_\_\_\_ Title \_\_\_\_\_  
Signature \_\_\_\_\_ Date (M/D/Y) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Total Due \$ \_\_\_\_\_

**SEE REVERSE SIDE**

Do not detach

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

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

**Secure Fax: (503) 986-4746**

**Visa or MasterCard 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: \_\_\_\_\_ / \_\_\_\_\_

