

# APL

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

Form date 1/13

## Pesticide Apprentice License (APL) - Please Print Clearly

License #  
AG-L APL

**Name**  
Last, First, M.I. \_\_\_\_\_

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

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

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

For Office Use Only

### AS A PESTICIDE APPRENTICE, I UNDERSTAND THAT:

- I must work under the supervision of a licensed pesticide applicator.
- I must work ONLY in the specific categories identified on my supervisor's pesticide applicator license.
- I must record both my name and license number and the name and license number of my supervising applicator on all pesticide application records.
- I must receive training from my supervisor.
- I must be able to contact my supervisor at any time.
- I will attend eight (8) hours, four (4) Core and four (4) other, of ODA approved continuing education classes each year to renew my license. If education hours are not completed, I will retake the Laws & Safety exam to renew my license.

| License Fee Schedule        |         |
|-----------------------------|---------|
| License                     | \$50.00 |
| Exam retake fees (per exam) | \$ 5.00 |

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) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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

Apprentice Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth (M/D/Y) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

#### For Checks or Money Orders, mail to:

Oregon Department of Agriculture  
PO Box 4395, Unit 17  
Portland OR 97208-4395

#### For Credit Card Charges, mail or fax to:

Oregon Department of Agriculture  
635 Capitol St. N.E.  
Salem OR 97301-2532

Secure Fax  
(503) 986-4746

Make checks payable to Oregon Department of Agriculture. All dishonored checks or electronic payments will incur a \$25 administrative fee per ORS 30.701.

### For Visa or MasterCard Charges Complete the Following Information

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: \_\_\_\_\_ Total Charges: \$ \_\_\_\_\_

Card Number: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Expiration Date: \_\_\_\_\_ / \_\_\_\_\_