



Pesticide Consultant (PC) Application Form - Please Print Clearly

License # AG-L	PC
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Name Last, First, M.I. _____

Idaho Reciprocal

License # _____

Mailing Address _____

City, State, Zip _____

Home Address _____

City, State, Zip _____

Contact Home Phone _____ Cell Phone _____

Email _____

Employer Company Name _____

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.

License Fee Schedule	
First major category	\$40.00 each
Exam retake fees	\$ 5.00 each

Signature _____

Date (M/D/Y) ____ / ____ / ____

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 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: ____ / ____