

PD

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



Form date 12/09

Pesticide Dealer (PD) Application Form - Please Print Clearly

License # AG-L	PD
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Business	Company Name _____
	Owner's Name Last, First, M.I. _____
Mailing	Address _____
	City, State, Zip _____
Physical	Address _____
	City, State, Zip _____
Applicant	Applicant Name _____
	Title _____
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.

<p>License Fee</p> <p>Total due: \$75.00</p>
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Applicant Signature _____

Date (M/D/Y) _____ / _____ / _____

Do not detach

<p>For Checks or Money Orders, mail to: Oregon Dept of Agriculture PO Box 4395 Unit 17 Portland OR 97208-4395</p>	<p>For Credit Card Charges, complete below and mail or fax to: Oregon Dept of Agriculture 635 Capitol St NE Salem OR 97301-2532</p>	<p>Secure Fax: (503) 986-4746</p> <p>Visa or MasterCard Accepted</p>
<p>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.</p>		
Name of Cardholder: _____		Phone: _____
Address of Cardholder: _____		City: _____ Zip: _____
Email or Fax receipt available for credit card payments <u>ONLY</u> . Print Email address or Fax# _____		
Signature: _____		Date: _____ Total Charges: \$ _____
Card Number: _____ / _____ / _____		Expiration Date: _____ / _____