PPA

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

Form date 4/2015

Public Pesticide Applicator (PPA) Application Form - Please Print Clearly

License #
AG-L PPA

❑ **Idaho Reciprocal**
License # _____

Name
Last, First, M.I. _____

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 _____

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**
- ❑ **Regulatory Predator**
- ❑ **Regulatory Weed**
- ❑ **Right of Way**
- ❑ **Seed Treatment**

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

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	$50.00 each
Additional major categories	$7.50 each
Add maj. cat. after licensed	$12.50 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: ____/____