



**Commonwealth of Pennsylvania  
Department of Agriculture  
Bureau of Plant Industry**

***Application for Pesticide Dealers License***

For the period of January 1, \_\_\_\_ to December 31, \_\_\_\_

FEE: \$10.00

*Instructions: Please print or type. Complete the below information. Sign and return application in the envelope provided with the fee of \$10.00. Make check or money order in the exact amount payable to the "Commonwealth of Pennsylvania". Do not send cash.*

Business Name: \_\_\_\_\_

Dealer Manager Name/ID #: \_\_\_\_\_

Business Physical Address: \_\_\_\_\_

\_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ County: \_\_\_\_\_

Email address: \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_

\_\_\_\_\_ Zip: \_\_\_\_\_

\_\_\_\_\_

Signature of Applicant

Date

**OFFICIAL USE ONLY**

Val. # \_\_\_\_\_

I.D. # \_\_\_\_\_