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. #____________________