



**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. # _____