

Colorado Department of Agriculture
Division of Plant Industry
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""-618 LICENSE"
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**APPLICATION FOR COMMERCIAL
APPLICATOR'S LICENSE**

INSTRUCTIONS: Please type or print legibly in blue or black ink. Complete this form in its entirety. Return: **this form; Evidence of Liability Insurance (DPI-PA-30); Notification of Qualified Supervisors (DPI-PA-58); \$350.00 license fee** payable to the Colorado Department of Agriculture; and a **Certificate of Good Standing** (if applicant is registered with the Secretary of State). If any of these parts are missing your application will be rejected.

PERSON/ENTITY DESIRING LICENSE (Sole proprietorships please enter your name. Applicants other than sole proprietorships please enter the entity name. See "Requirements and Procedures for Licensing or Registering as a Pesticide Applicator" if you need further explanation.)

DOING BUSINESS AS NAME (DBA) (If no "doing business as" name is provided it will be assumed to be the same as the person's name. The licensee can only do business under the listed DBA name. Additional "doing business as" names can be added to the license using the Application for Registration of Additional "Doing Business As" Names (DPI-PA-40).

MAILING ADDRESS OF BUSINESS (Address, city, state and zip)

LOCATION OF RECORDS (Must be a physical address, not a P.O. Box, including city, state, zip and **county**)

ADDITIONAL BUSINESS INFORMATION

Name of Primary Contact: _____

Business Phone: (____) _____

Aerial Applicator? Yes No

APPLICATION CONTINUES ON THE REVERSE SIDE

** If you answer YES to questions 4, 5, 6, 7, 8, 9, or 10 below, you must submit a written explanation. (If you have previously provided the Department with this information, you do not need to resubmit an explanation. Please indicate the year it was submitted) IF YOU FAIL TO SUBMIT THIS INFORMATION or you have had recent actions taken against your license that you have not previously submitted an explanation for, your application will be denied.

1. This business is operating as a: Sole Proprietorship: _____, Partnership: _____, Corporation: _____, Other (describe): _____

2. List the person authorized to receive and accept service of summons and legal notices of all kinds for the applicant in the state of Colorado. (Name, title, and complete address)

Name	Title	Complete Address
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3. Have you filed a previous application for license as a commercial applicator in Colorado? YES NO

4. Have you ever been licensed as a commercial applicator by any other state(s) or tribe(s)? YES NO
If YES, list state(s) or tribe(s) name(s).

5. Has any action ever been taken regarding any license, or equivalent dealing with the application of pesticides, which you now hold or have ever held? Include any actions by the U.S. military, U.S. Public Health Service, any other U.S. federal government entity, any state licensing board, tribe, or any local authority. (Actions include but are not limited to: cease and desist order, stipulation, suspension, revocation, fines, probation, practice limitations, reprimand, letter of admonition, or other form of censure.) If YES, attach an explanation including state or government agency, date, charge and disposition. YES NO

6. Are there any complaints pending against any license dealing with the application of pesticides that are not addressed by your answer to question five? If YES, attach an explanation. YES NO

7. Have you ever been denied a license or permission to apply pesticides in any state, tribal, or U.S. federal jurisdiction? If YES, an attach explanation, include state or government agency, date and reason for denial. YES NO

8. Have you ever voluntarily surrendered a license to apply pesticides? If YES, attach an explanation. YES NO

9. Have you ever been convicted of, received a deferred prosecution or a deferred judgement for, or pled *nolo contendere* to, any criminal offense related to the application of pesticides in any state, tribal, or federal jurisdiction? Include any conviction that has been set aside, dismissed, or pardoned under any provision of the law. If YES, attach an explanation. YES NO

10. Have you ever entered into a settlement or had a judgment entered against you in a court of law for misapplication of pesticides? If YES, attach an explanation. YES NO

The undersigned states that the information contained in this application is true and correct to the best of my knowledge. I also understand that under the Pesticide Applicators' Act, providing false information is grounds for license denial, suspension, revocation, or other lawful discipline. The undersigned hereby acknowledges that I understand and agree to the duties, obligations, and requirements imposed upon a commercial applicator pursuant to Title 35, Article 10, C.R.S. and the rules promulgated thereunder.

Signature of Licensee or Authorized Representative	Date
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Printed Name of Licensee or Authorized Representative	Title
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