

Immediately Supervised Trainee (IST) License Application



OREGON
DEPARTMENT OF
AGRICULTURE

Pesticides Program
503.986.4635

Instructions:

- Complete this form to apply for a new license or renew your license. Required fields are indicated with an asterisk(*). Electronic signatures will not be accepted (wet ink only).
- If you have not been issued a Social Security Number by the US Social Security Administration, additional documentation is required. Please contact ODA for more information.
- Submit completed application to the secure fax or mailing address listed at the bottom of the form. To protect your information, do not submit via email.
 - » By default, applications received January 1 through November 16 will be processed for the current calendar year (Note: License will expire December 31 of the current calendar year). License applications for the following calendar year are accepted beginning on November 17.
 - » Please allow 2 to 4 weeks for processing of completed applications.
- ODA will issue and mail qualifying applicants a license. You are officially licensed when your license is listed in our online database: <http://oda.direct/PestLicenseStatus>.
 - » Note: For each pesticide application, you will need to record your legal name and license number. Therefore, before you make any pesticide applications, it is recommended that you have your license number handy or wait until you have your physical license in hand.

Important: This license application is for individuals that apply pesticides under the supervision of a licensed commercial or public pesticide applicator with the appropriate license categories. This license allows you to perform pesticide application activities only when your licensed supervisor is physically on-site during the pesticide application and available at the specific point of pesticide use within a time period of no more than five minutes.

Questions? Please contact the ODA Pesticides Program at 503.986.4635.

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1. Applicant Information

Legal Name (Last, First, M.I.):*			
Existing IST license # (if renewing):			
Mailing Address:*			
City, State, ZIP Code:*			
Home Address (Physical Only)*	<input type="checkbox"/> Home address is the same as my mailing address.		
City, State, ZIP Code:*			
Personal Phone:*		Direct Email:	

ODA performs outreach on new or proposed laws and regulations, on emergent issues, and solicits feedback over email. We strongly recommend providing your email address.

2. Employer Information

Business Name:*			
Address:*			
City, State, ZIP Code:*			
Phone (Main Contact Person):*		Direct Email:*	
Employer Type:*	<i>My employer is an Indian tribe</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>or a business entity of an Indian tribe.</i>		

3. Signature

- I agree under penalty of perjury that the information on this application is true and correct.
- I agree to comply with all laws and regulations pertaining to this license.
- I understand that I can only make pesticide applications with this license when appropriately supervised by a licensed commercial or public pesticide applicator with the appropriate license categories.
- I understand that I am not a “certified” applicator.
- I understand that this license does not permit me to apply pesticides via aircraft or for research purposes.
- I will immediately notify the Oregon Department of Agriculture if any of the information on this application changes.

Signature (wet ink only):*		Date:*	
Date of Birth (MM/DD/YY):*		Social Security No:*	

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4. Annual License Fee*

	Situation	Total Fee
<input type="checkbox"/>	New license or license renewal	\$50.00

5. Payment and Submission

Submission options depend on your method of payment. To protect your information, do not email this form to ODA. **Emailed applications and electronic signatures will not be accepted.**

For checks or money orders, mail via U.S. Postal Service to:
 Oregon Department 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 Secure Fax: 1.503.986.4746
 635 Capitol St. NE **Visa, MasterCard, Discover, and**
 Salem, OR 97301-2532 **American Express Accepted**

Make checks payable to: **Oregon Department of Agriculture**. All dishonored checks or electronic payments will incur a \$35 administrative fee per ORS 30.701.

Name of Cardholder		Phone	
Address of Cardholder			
City		ZIP Code	
Cardholder Signature			
Date (MM/DD/YYYY)		Total Charges	\$50.00
Card Number		Expiration Date	

Receipt available for credit card payments ONLY. Print Email address or Fax #