

Pesticide Dealer (PD) 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).
- 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.

Important: This license application is for businesses (including business entities of Indian tribes) that sell or distribute Restricted Use Pesticides (RUPs) to appropriately licensed pesticide users in Oregon. Each facility must be licensed separately. This includes facilities physically located in a state other than Oregon.

Questions? Please contact the ODA Pesticides Program at 503.986.4635.

Pesticide Dealer (PD) License Application



**OREGON
DEPARTMENT OF
AGRICULTURE**

Pesticides Program
503.986.4635

1. Applicant Information

Business Name:*			
Owner's Name (Last, First, M.I.):*			
Existing PD License # (if renewing):			
Mailing Address:*			
City, State, ZIP Code:*			
Physical Address*	<input type="checkbox"/> <i>Physical address is the same as my mailing address.</i>		
City, State, ZIP Code:*			
Phone (Main Contact Person):*		Direct Email:*	
Ownership Type:*	<i>This is an Indian tribe or a business entity of an Indian tribe.</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. 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 a separate license is required to offer or supply technical advice, or recommendations to users of Restricted Use Pesticides (RUPs).
- I will immediately notify the Oregon Department of Agriculture if any of the information on this application changes.

Printed Name:*		Title:*	
Signature (wet ink only)*		Date:*	

This space intentionally left blank.

3. Annual License Fee*

	Situation	Total Fee
<input type="checkbox"/>	New license or license renewal	\$75.00

4. 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	\$75.00
Card Number		Expiration Date	

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