

MARYLAND DEPARTMENT OF AGRICULTURE
 OFFICE OF PLANT INDUSTRIES AND PEST MANAGEMENT
 PESTICIDE REGULATION SECTION



50 Harry S. Truman Parkway
 Annapolis, Maryland 21401
 Telephone: 410/841-5710
 FAX: 410/841-2765

APPLICATION FOR A **PERMIT TO
 SELL OR TRANSFER RESTRICTED
 USE PESTICIDES** UNDER THE

MARYLAND PESTICIDE APPLICATORS LAW.

I hereby apply for a permit to sell or transfer restricted use pesticides in the state of Maryland in accordance with the provisions of Agricultural Article, Section 5-201 through 5-211 Annotated Code of Maryland.

FOR DEPARTMENTAL USE	
Date Appl. Received	_____
Date Fees Received	_____
Date Appl. Approved	_____
Fee For Dealer Permit	_____
Check No.	_____
Acct. No.	_____ Ref. No. _____
Permit No.	_____ Control No. _____
Date Mailed	_____

Please Type or Print

_____ Check Here If You Are An Existing Business Applying For A New Dealer Permit Due To Change In Ownership Or Name Change. List Current Md. Pesticide Business License No.: _____

1. Name of contact person:

2. Business Name and Address (As you wish it to appear on Permit)

Business Name				
Street	City		State	Zip
County	Telephone No.	Email Address		

2. Physical Address: *(Actual Business Location If different from address listed above.)*

Street	City		
State	Zip Code	County	Telephone No.

I certify that I understand my legal responsibilities for the sale and/or transfer of restricted use pesticides and that I will only sell restricted use pesticides to individuals who possess a valid pesticide applicator certificate or their authorized representative.

Name	Title	Date
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(The yearly permit fee fee is \$25 payable to the Maryland Department of Agriculture.)

REQUEST FOR INFORMATION REGARDING PESTICIDE SALES

We are asking that you provide us with some basic information relating to tyour sale of pesticides. This information will assist us in providing you with information that is pertinent to you and your customers. Please complete the information below and check the appropriate areas of pesticide sales that pertain to your business, and return it with the application. Should you have any further questions please contact us at the telephone number listed below.

Company Name: _____

Company Address: _____

City / State / Zip: _____

County: _____

PLEASE CHECK APPROPRIATE AREA(S) OF SALES

- | | |
|---|-------------------------------------|
| <input type="checkbox"/> Agricultural | <input type="checkbox"/> Structural |
| <input type="checkbox"/> Ornamental and Turf | <input type="checkbox"/> Aquatic |
| <input type="checkbox"/> Forest and Right of Way | <input type="checkbox"/> Fumigants |
| <input type="checkbox"/> Other: Please Specifiy _____ | |

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