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 ***PUBLIC AGENCY PERMIT*** UNDER THE MARYLAND PESTICIDE APPLICATORS LAW.

FOR DEPARTMENTAL USE
Date Appl. Received _____
Date Appl. Approved _____
Acct. No. _____ Ref. No. _____
Permit No. _____ Control No. _____
Certificate No. _____
Categories _____
Classification _____
Date Mailed _____

Please Type or Print

I, _____,
hereby apply for a Public Agency Permit to engage in pest control in the state of Maryland in accordance with the provisions of Agriculture Article, Section 5-201 through 5-211 Annotated Code of Maryland.

1. Agency Name and Address (As you wish it to appear on the permit.)

Agency Name

Street City State Zip

County Telephone No. Email Address

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

Street City

State Zip Code County Telephone No.

3. Check the category and sub-category of pest control for which a permit is being applied. Name the certified applicator(s) for each category and sub-category: (Attach additional sheet if necessary.)

1. Agricultural
   - ☐ A. Plant _____
   - ☐ B. Animal _____
   - ☐ C. Grain Treatment _____
2. ☐ Forest _____
3. Ornamental or Turf
   - ☐ A. Ornamental Plants and Shade Trees - Exterior _____
   - ☐ B. Ornamental Plants - Interior _____
   - ☐ C. Turf _____
4. ☐ Seed Treatment _____
5. ☐ Aquatic _____
6. ☐ Right-of-Way and Weed _____
7. Industrial, Institutional, Structural & Health Related
   - ☐ A. General Pest Control _____
   - ☐ B. Wood Destroying Insects _____
   - ☐ C. Wildlife Control _____
   - ☐ D. Rodent Control _____
   - ☐ E. Fumigation _____
8. ☐ Public Health _____
9. ☐ Regulatory _____
10. ☐ Demonstration & Research _____
11. Miscellaneous Pest Control
    - ☐ A. Wood Treatment _____
    - ☐ B. Tributyltin Antifoulant Paint (TBT) _____
    - ☐ C. Sewer Root Control _____
12. ☐ Aerial _____

4. List the certified pesticide applicator contact for this agency: (Attach additional sheet if necessary)

a. _____
Name Telephone Number

_____
Address City State Zip Code

I certify that the above information is true and accurate to the best of my knowledge.

_____
Agency Official Signature Title Date