

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.

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.

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

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 _____
- 13. 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
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Public Information Notice

Your application cannot be processed unless all the information requested has been supplied. The information you supply notifies the Department of your interest in obtaining a license, certificate, or permit under the regulations pertaining to the Pesticide Applicators Law, § 15.05.01 et. seq., Annotated Code of Maryland. This information is used by the Department to inspect, amend, or correct information. Under General Provisions Article, 4-101 et. seq., Annotated Code of Maryland. This information is not routinely shared with the general public or state, federal, or local government agencies.