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.

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 Tel. No. __________________________
   
      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