



Gary W. Black
Commissioner

Georgia Department of Agriculture

Agricultural Inputs – Pesticide Section

19 M.L.K. Jr. Dr. S.W., Room 410

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APPLICATION FOR GEORGIA RESTRICTED USE PESTICIDE DEALER'S LICENSE

Date of Application

_____/_____/_____
Month Day Year

Check One

- (11) This is the first time this company has applied for a Georgia Restricted Use Pesticides Dealer's License
- (12) This is a renewal application

OUTLET TO BE LICENSED

Name of Outlet _____

Mailing Address _____
(If P.O. Box, also give physical address)

City _____ State _____ Zip _____ County _____ Telephone _____

OWNER OR APPLICANT

Name _____

Address _____

City _____ State _____ Zip _____ County _____ Telephone _____

TYPE OF BUSINESS

Check One: Company or Corporation Individual Partnership

Note: If individual or partnership, furnish name and address of owners. If company or corporation, give name and titles of officers.

Individual or Partnership

Name _____ Name _____

Address _____ Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Company or Corporation

1) Officer _____ Title _____

2) Officer _____ Title _____

I certify that the above information is correct: _____

↑Applicant's Signature ↑

NOTE: This application must be accompanied by a \$55.00 license fee (Check or Money Order) made payable to the Georgia Department of Agriculture

OFFICE USE ONLY

721 _____ License No.

Rev. 07/12

Date Paid: _____
Voucher: _____
By: _____