



**SD Commercial Pesticide** Applicator  
 & Dealer **LICENSE Application Form**

Each applicant MUST be current in their CERTIFICATION to be eligible to to apply for (or renew) a LICENSE.

Each company location distributing Restricted Use Pesticides (RUPs) MUST obtain a Dealer's License.

SD DEPT of AG USE ONLY

Barcode ID No. \_\_\_\_\_  
 AP License No. \_\_\_\_\_  
 DL License No. \_\_\_\_\_  
 Receipt No. \_\_\_\_\_  
 Date \_\_\_\_\_

Aerial ..... (Complete & Submit a S.D. AERIAL APPLICATOR Form - Due Annually to the SD Dept of Ag)  
 Ground

Applicator License  **Regular** (Fee will be \$25) or  
 **Government Employee** (Fee will be Exempt IF Government Employment is Verified)  
 (Add \$50 Late Fee IF Applicator License is RENEWED after March 1st of the Expiration Year)

Dealer License (Fee will be \$50)  
 (Add \$50 Late Fee IF Dealer License is RENEWED after March 1st of the Expiration Year)

**APPLICANT INFORMATION:**

**First Name:** \_\_\_\_\_  
**Middle Initial:** \_\_\_\_\_  
**Last Name:** \_\_\_\_\_

**COMPANY INFORMATION IS REQUIRED:**

Note: Dealer's Licenses are non-transferable and are specific to the APPLICANT & the COMPANY information listed below.

**Self Employed** (Leave Co. Info Blank)  
or  
 **Co. Name:** \_\_\_\_\_

**NOTE:** Licenses will be sent to the applicant's mailing address.

**Company Addition** or  **Company Change**

**Mailing Address:** \_\_\_\_\_  
**Physical Address:** \_\_\_\_\_  
**City/Town:** \_\_\_\_\_  
**State:** \_\_\_\_\_  
**Zip Code (5 digits)** \_\_\_\_\_  
**County:** Out-of-state = 0 \_\_\_\_\_  
**Phone:** \_\_\_\_\_  
**E-mail:** \_\_\_\_\_

**Co. Mailing:** \_\_\_\_\_  
**Co. Physical:** \_\_\_\_\_  
**Co. City/Town:** \_\_\_\_\_  
**Co. State:** \_\_\_\_\_  
**Co. Zip:** \_\_\_\_\_  
**Co. County:** \_\_\_\_\_  
**Co. Phone:** \_\_\_\_\_  
**Co. E-mail:** \_\_\_\_\_

**\*Date:** \_\_\_\_\_ **\*\*Signature of Applicant:** \_\_\_\_\_