



**Commonwealth of Pennsylvania  
Department of Agriculture  
Bureau of Plant Industry**

**Application for Pesticide Dealers License**

For the period of January 1, \_\_\_\_ to December 31, \_\_\_\_

FEE: \$10.00

*Instructions: Please print or type. Complete the below information. Sign and return application in the envelope provided with the fee of \$10.00. Make check or money order in the exact amount payable to the "Commonwealth of Pennsylvania". Do not send cash.*

Business Name: \_\_\_\_\_

Dealer Manager Name/ID \_\_\_\_\_

Business Physical Address: \_\_\_\_\_

\_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ County: \_\_\_\_\_

Email address: \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_

\_\_\_\_\_ Zip: \_\_\_\_\_

**I verify all of the information set forth in this Application for Pesticide Dealer License to be true and correct, and make this statement subject to the criminal penalties for unsworn falsification to authorities, as set forth at 18 Pa.C.S.A. § 4904.**

\_\_\_\_\_

\_\_\_\_\_

Signature of Applicant

Date

**OFFICIAL USE ONLY**

*Mail application to:  
Pennsylvania Department of Agriculture  
Bureau of Plant Industry - Dealer  
2301 N Cameron St  
Harrisburg, PA 17110*

Val. # \_\_\_\_\_

I.D. # \_\_\_\_\_