

FOR OFFICE USE ONLY

Date \_\_\_\_\_

Amount \_\_\_\_\_

Rpt \_\_\_\_\_ Int. \_\_\_\_\_

VERMONT DEPARTMENT OF AGRICULTURE, FOOD & MARKETS  
PLANT INDUSTRY DIVISION  
116 STATE STREET, MONTPELIER, VT 05620

**APPLICATION FOR A PESTICIDE COMPANY LICENSE**

Authorized Under 6 V.S.A. Chapter 87 and Regulations Pertaining to Control of Pesticides.

Request is hereby made for a company license.

Company Name (please print) \_\_\_\_\_

Company Officer (please print) \_\_\_\_\_

Mailing Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

Location of Vermont Offices	Certified applicators Employed

**A fee of \$50.00 must accompany this application. Unless requested, refunds of \$1.00 or less will not be made.**

**CERTIFICATION OF COMPLIANCE WITH 15 V.S.A. SECTION 795 AND 32 V.S.A. SECTION 3113**

I hereby certify that I am in good standing with respect to any obligations for child support and, that under the pains and penalties of perjury, that I am in good standing with respects to, or in full compliance with, a plan approved by the Commissioner of Taxes to pay any and all taxes due to the State of Vermont as of the date of this application.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

IF YOU ARE NOT IN GOOD STANDING AT THIS TIME, DISCONTINUE THIS APPLICATION AND CONTACT THE COMMISSIONER OF THE VERMONT DEPARTMENT OF SOCIAL WELFARE OR THE VERMONT DEPARTMENT OF TAXES FOR FURTHER INFORMATION ON BRINGING YOURSELF INTO GOOD STANDING.