



**OHIO DEPARTMENT OF AGRICULTURE**  
**Plant Industry Division – Pesticide & Fertilizer Regulation Section**  
**8995 East Main Street, Reynoldsburg, OH 43068-3399**



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**PRIVATE APPLICATOR RENEWAL APPLICATION License Number (Required)**

License Period: April 1, 2017 thru March 31, 2020

**PART A – APPLICANT’S LEGAL NAME, MAILING ADDRESS, & SIGNATURE (Please Print)**

Person Legal First Name \_\_\_\_\_ MI \_\_\_\_\_ Person Last Name \_\_\_\_\_ Last 4 SSN \_\_\_\_\_

Person Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_ Phone \_\_\_\_\_

**PART B – PAYMENT METHOD**

Payment made by check is **payable to the Ohio Department of Agriculture** and must be mailed. This application may be faxed or mailed provided it is **ONLY** a credit card payment. **This application and fee are only valid for the licensing period listed above.** Failure to **become a licensed private applicator** during the application period will **VOID** the application. License fees **are not refundable for any reason.** Exams taken are valid for one year from date taken.

License fee: \$30.00

Payment method: Check/Money Order # \_\_\_\_\_ Visa \_\_\_\_\_ MasterCard \_\_\_\_\_

The following information is required before a credit card payment can be processed.

Person name on credit card \_\_\_\_\_

Credit Card Number \_\_\_\_\_

Expiration Date (MM) \_\_\_\_\_ (YYYY) Valid Signature \_\_\_\_\_

APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_