



UTAH DEPARTMENT OF AGRICULTURE AND FOOD

4315 South 2700 West, TSOB South Bldg, Floor 2

Taylorsville, UT 84129

Website: ag.utah.gov/pesticides Phone: (801) 982-2300

Email: udaf-pesticide@utah.gov

Commercial / Non-Commercial Pesticide Applicator Application and Renewal Form

PLEASE PRINT LEGIBLY * You must be 18 years of age to obtain a pesticide applicator license*

Last Name: _____ First Name: _____ Middle Initial: _____

Email: _____

(You must provide a valid personal email address, do not provide a work or business email address)

Personal Mailing Address:

City: _____ State: _____ Zip: _____

Cell Phone: _____ - _____ - _____ Home Phone: _____ - _____ - _____

Business Name, Location, and Mailing Address:

City: _____ State: _____ Zip: _____

Phone: _____ - _____ - _____

*If applying for a Commercial Pesticide Applicator License you must have a valid Commercial Pesticide Business License or be employed by a business that does.

My Commercial Pesticide Applicator License number is 4001- _____

My Non-Commercial Pesticide Applicator License number is 4002- _____

License Renewal by CEUs:

Law CEUs _____ + Safety CEUs _____ + Use CEUs _____ = _____ Total CEUs
2 Minimum 6 Minimum 10 Minimum Must Total 24 or More

All CEUs must be emailed, along with this completed form and a copy of your license payment receipt to:

udaf-pesticide@utah.gov

Reciprocal License Application:

To obtain a reciprocal license, you must complete this application, attach a copy of your license payment receipt, provide a copy of your valid government issued ID (front and back), a copy of your valid pesticide license (front and back), and a Letter of Good Standing must be emailed from the State you completed the pesticide exams directly to: udaf-pesticide@utah.gov.

I attest that the above information is correct, that I will adhere to all state and federal pesticide laws, that I will follow all appropriate pesticide label instructions and requirements, and that I am accountable for all pesticide application and handling actions that I perform or supervise.

_____ Signature _____ Date

Return this form to the Utah Department of Agriculture and Food by email to udaf-pesticide@utah.gov.