



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

**Private 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 Location and Mailing Address:

\_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

My Private Pesticide Applicator License number is 4003-\_\_\_\_\_

License Renewal by CEUs:

Law CEUs \_\_\_\_\_ + Safety CEUs \_\_\_\_\_ + Use CEUs \_\_\_\_\_ = \_\_\_\_\_ Total CEUs  
1 Minimum                      1 Minimum                      1 Minimum                      Must Total 6 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.