



# Arizona Department of Agriculture

## Office of Pest Management

1688 W. Adams Street, Phoenix, Arizona 85007  
(602) 542-3578 FAX (602) 542-0466  
<http://agriculture.az.gov>

### **Applicator Registration Requirements**

#### **Complete Application** –

***About the Applicator:*** including the Applicators Full Name, Arizona OPM Certified Applicator # (if Applicable), Home Address, Mailing Address, Telephone Number, Email Address, Date of Birth, Social Security #, Signature and Date.

***Business/School District Information:*** including the Business License name (as Licensed by OPM) or School District, Business License Number (if Applicable), and Signature of Authorized Individual & Date

**Application Fee** – No fee for Registration of an Applicator to a business.

**Handling Fee** – \$10.00 Handling fee is only applicable if the application is available for processing online.

**The Process** – Once the application is both administratively and substantively complete, the application will be approved immediately. The applicant must complete/provide all of the following in order to be considered complete:

- Complete Applicator Registration Application
- Applicable Application Fee

**Exclusion** – An applicator shall be of good moral character. A conviction for a felony or a misdemeanor involving moral turpitude may demonstrate a lack of good moral character. A conviction for any of the following offenses shall be considered to demonstrate a lack of good moral character:

1. Murder involving the death of a law enforcement officer.
2. An offense described in A.R.S. § 13-2308.01 related to terrorism.
3. A sexual offense of any type where the victim is a minor that is a class 4 or higher felony.



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### Applicator Registration Application

#### Fee Schedule:

- Applicator Registration – No Fee       Handling Fee - \$10.00

\* = required field

#### **Applicator:**

\*Full Legal Name: \_\_\_\_\_ Certification # (if applicable): \_\_\_\_\_  
(REQUIRED - First Name, Middle Name, Last Name – NO INITIALS)

\*Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

\*Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

\*Date of Birth: \_\_\_\_\_ \*Social Security #: \_\_\_\_\_

**By signing this application, I affirm that I have read and understand the information contained herein and attest that all information provided is true and correct.**

**Applicator Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

#### **Business Information:**

\*Business Name/School District: \_\_\_\_\_ OPM License # (If Applicable): \_\_\_\_\_

IF registering Applicator to a business licensed by OPM:

Office where this Applicator's records will be kept: \_\_\_\_\_  
(i.e. Main office, Branch #1, ...etc.)

Applicable fees must accompany this application. Fees are not refundable. **Applicator Registration will expire on May 31st of each year.**

**By signing this application, I affirm that I have read and understand the information contained herein and attest that all information provided is true and correct.**

**\*Authorized Signature\*\*:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\*Authorized Signer's Printed Name:** \_\_\_\_\_  
(\*\*Authorized Signature – Sole Proprietor, Managing Partner, or Corporate Officer only)