

CPA (2021)

Oregon Department of Agriculture
Pesticides Program
(503) 986-4635

Form date 11/2020



OREGON DEPARTMENT OF AGRICULTURE

Commercial Pesticide Applicator (CPA) Application Form - Please Print Clearly INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

Name Last, First, M.I. _____

Mailing Address _____
City, State, Zip _____

Home Address _____
City, State, Zip _____

Contact Home Phone _____ Cell Phone _____
Email _____

Employer Company Name _____
Operator License # _____

Physical Address _____
City, State, Zip _____

Contact Office Phone _____ Fax _____
Email _____

Check license type:
 New License
 Renewal (Oregon license #)
AG-L _____ CPA
 Reciprocal (Idaho only)
License # _____

Check categories:
 Agriculture
 Herbicide
 Insecticide & Fungicide
 Livestock Pest
 Soil Fumigation
 Soil Fumigation II
 Vertebrate Pest
 Aquatic
 Demonstration and Research
 Forest
 IIHS
 General Pest
 Moss
 Space Fumigation
 Structural Pest
 Wood Treatment
 Marine Fouling Organism
 Ornamental & Turf
 Herbicide
 Insecticide & Fungicide
 Public Health
 Right of Way
 Seed Treatment
 School IPM

I AGREE UNDER PENALTY OF PERJURY THAT THE INFORMATION ON THIS APPLICATION AND THE REQUIREMENTS PERTAINING TO THIS LICENSE ARE TRUE AND CORRECT. I AGREE TO COMPLY WITH ALL LAWS AND REGULATIONS PERTAINING TO THIS LICENSE. I WILL NOTIFY THE OREGON DEPARTMENT OF AGRICULTURE IMMEDIATELY SHOULD ANY INFORMATION ON THIS APPLICATION CHANGE. LICENSE EXPIRES DECEMBER 31.

Check all those that apply:
 Aerial
 Home Inspections Only

License Fee Schedule
First major category* \$50.00 each
Additional major categories* \$7.50 each
Add maj. cat.* after licensed \$12.50 each
***Major categories in bold above**

Signature _____

Date (M/D/Y) _____ / _____ / _____

Total Due \$ _____

Social Security # _____ - _____ - _____

Date of Birth (M/D/Y) _____ / _____ / _____

For Checks or Money Orders, mail to:
Oregon Dept of Agriculture
PO Box 4395 Unit 17
Portland OR 97208-4395

For Credit Card Charges, complete below and mail or fax to:
Oregon Dept of Agriculture
635 Capitol St NE
Salem OR 97301-2532

Secure Fax: (503) 986-4746
Visa, MasterCard, & Discover Accepted

Make checks payable to: **Oregon Department of Agriculture**. All dishonored checks or electronic payments will incur a \$25 administrative fee per ORS 30.701. You must return this application to renew or delete your license.

Name of Cardholder: _____ Phone: _____

Address of Cardholder: _____ City: _____ Zip: _____

Email or Fax receipt available for credit card payments ONLY. Print Email address or Fax# _____

Signature: _____ Date: _____ Total Charges: \$ _____

Card Number: _____ / _____ / _____ / _____ Expiration Date: _____ / _____