

# CPO (2021)

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

Form date 11/2020



## OREGON DEPARTMENT OF AGRICULTURE

### Commercial Pesticide Operator (CPO) Application Form - Please Print Clearly

Name	Owner or Corporation Name _____ Assumed Business Name ("dba"), if any _____
Mailing	Address _____ City, State, Zip _____
Physical	Address _____ City, State, Zip _____
Contact	Office Phone _____ Cell Phone _____ Email _____
Insurance	Company Name _____ Agent's Name _____
Mailing	Address _____ City, State, Zip _____
Contact	Agent's Phone _____ Fax _____ Email _____
Policy	Policy Number _____ Effective Date _____ Expires _____

Check license type:

**New License**

**Renewal** (Oregon license #) \_\_\_\_\_

AG-L \_\_\_\_\_ CPO

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**

Check all those that apply:

**Aerial**

**Home Inspections Only**

Check type of ownership:

**Sole Proprietor**

**Partnership**

**Corporation**

**LLC**

License Fee Schedule	
First major category*	\$90.00
Additional major categories*	\$15.00 each
Add maj. cat.* after licensed	\$20.00 each
<b>*Major categories in bold above</b>	

**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 UNDERSTAND MY INSURANCE COVERAGE REQUIREMENTS AS SET FORTH IN ORS 634.116 AND OAR 603-057-102. FAILURE TO MAINTAIN INSURANCE COVERAGE IS A VIOLATION OF STATE LAW. I WILL NOTIFY THE OREGON DEPARTMENT OF AGRICULTURE IMMEDIATELY SHOULD ANY INFORMATION ON THIS APPLICATION CHANGE. LICENSE EXPIRES DECEMBER 31.**

Print Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date (M/D/Y) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**SEE REVERSE SIDE**

Total Due \$ \_\_\_\_\_

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: \_\_\_\_\_ / \_\_\_\_\_

