

APL (2021)

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

Form date 11/2020



OREGON DEPARTMENT OF AGRICULTURE

Pesticide Apprentice License (APL) 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 _____
Office Phone _____

Check license type:
 New License
 Renewal (Oregon license #)
 AG-L _____ APL

For Office Use Only

AS A PESTICIDE APPRENTICE, I UNDERSTAND THAT:

- I must work under the supervision of a licensed pesticide applicator.
- I must work ONLY in the specific categories identified on my supervisor's pesticide applicator license.
- I must record both my name and license number and the name and license number of my supervising applicator on all pesticide application records.
- I must receive training from my supervisor.
- I must be able to contact my supervisor at any time.
- I will attend (8) hours, four (4) Core and four (4) other, of ODA approved continuing education classes each year to renew my license. If education hours are not complete, I will retake the Laws & Safety exam to renew my license.

I AGREE UNDER PENALTY OR PERJURAY THAT THE INFORMATION IN THE 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.

Signature _____

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

Total Due \$ 50.00

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: _____ / _____