

# PC (2021)

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

Form date 11/2020



## OREGON DEPARTMENT OF AGRICULTURE

### Pesticide Consultant (PC) 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 \_\_\_\_\_

**Physical** Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

**Contact** Office Phon \_\_\_\_\_ Fax \_\_\_\_\_  
Email \_\_\_\_\_

Check license type:

**New License**

**Renewal** (Oregon license #)  
AG-L \_\_\_\_\_ PC

**Reciprocal** (Idaho only)  
License # \_\_\_\_\_

Check to add:

**Demonstration and Research**  
(exam required for new licenses and renewals through re-examination)

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.

License Fee Schedule	
Consultant License	\$40.00 each
Demo. & Research	\$0.00 each

Signature \_\_\_\_\_

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

Total Due \$           \$40.00          

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