

PAL (2021)

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

Form date 11/2020



OREGON DEPARTMENT OF AGRICULTURE

Private Pesticide Applicator (PAL) 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 Phone _____ Fax _____
Email _____

Check license type:

New License

Renewal (Oregon license #)
AG-L _____ PAL

Reciprocal (Idaho & Washington only)
License # _____

Check ~~all~~ ~~the~~ ~~boxes~~ ~~below~~:

~~=\ Uj YUDYghjVXY7 cbgi `HbhfD7 tZ`
7 ca a YfVU`DYghjVXY5 dd`JWUrf`
f7 D5 tZcf`Di V`JWDYghjVXY`
5 dd`JWUrf` (PPA) IJWbgY`"~~

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
Total due: \$25.00

Signature _____

Date (M/D/Y) ____ / ____ / ____

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: ____ / ____