

Commercial Pesticide Applicator (CPA) License Application



OREGON
DEPARTMENT OF
AGRICULTURE

Pesticides Program
503.986.4635

Instructions:

- Complete this form to apply for a new license, add a license category to your existing license, or renew your license. Required fields are indicated with an asterisk (*). Electronic signatures will not be accepted (wet ink only).
- If you have not been issued a Social Security Number by the US Social Security Administration, additional documentation is required. Please contact ODA for more information.
- Submit completed application to the secure fax or mailing address listed at the bottom of the form. To protect your information, do not submit via email.
 - » By default, applications received January 1 through November 16 will be processed for the current calendar year (Note: License will expire December 31 of the current calendar year). License applications for the following calendar year are accepted beginning on November 17. See below if you are applying for a new commercial pesticide applicator license from November 17 through December 31.
 - » Please allow 2 to 4 weeks for processing of completed applications.

Important: This license application is for individuals who apply pesticides to the property of others, apply Restricted Use Pesticides (RUPs), or apply any pesticide to the campus of a school (as defined in ORS 634.700). If you apply pesticides only to your own or your employer's property, or you are employed by a local, state, or federal government or an Indian tribe, another license type may be more appropriate.

Questions? Please contact the ODA Pesticides Program at 503.986.4635.

New CPA License Applicants (Nov. 17 - Dec. 31 Only)

Important: This section only applies to individuals who passed the minimum number of exams to qualify for a commercial pesticide applicator license from November 17 through December 31 of this year and who were not already certified through the end of this year. If you were licensed as a commercial pesticide applicator this year, please skip this section.

If you meet the conditions above and we receive your license application before the new year, by default your application will be held and processed in early January. This will allow you to be issued a full five-year certification period starting January 1 of next year. You may opt-out of this default procedure by checking the box below.

- Opt-out:** I do not want to wait until January 1. Please issue my license as soon as possible. I need a license for the remainder of this year through next year. I understand that my certification period will be shorter than five years.

Reciprocal License Applications

Please check the box below if you are seeking to obtain an Oregon license based entirely or in part upon your pesticide license in another state. More information about reciprocal licensing is available on the [ODA website](#).

- I am applying for a reciprocal license in Oregon based upon an out-of-state license. I will be providing additional documentation described on the ODA website.

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1. Applicant Information

| | | | |
|---------------------------------------|--|--|--|
| Legal Name (Last, First, M.I.):* | | | |
| Existing CPA license # (if renewing): | | | |
| Mailing Address:* | | | |
| City, State, ZIP Code:* | | | |
| Home Address (Physical Only)* | | <input type="checkbox"/> Home address is the same as my mailing address. | |
| City, State, ZIP Code:* | | | |
| Personal Phone:* | | Direct Email: | |

ODA performs outreach on new or proposed laws and regulations and emergent issues and solicits feedback over email. We strongly recommend providing your email address.

2. Employer Information

| | | | |
|-------------------------------|---|----------------|--|
| Business Name:* | | | |
| Operator License Number:* | | | |
| Address:* | | | |
| City, State, ZIP Code:* | | | |
| Phone (Main Contact Person):* | | Direct Email:* | |
| Employer Type:* | <i>My employer is an Indian tribe or a business entity of an Indian tribe.</i> <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

I do not currently work for an operator, but I would like to maintain my license. I understand that I can not make pesticide applications unless I am employed by a licensed commercial pesticide operator.

I perform home inspections only. I do not apply pesticides as part of this work.

3. Signature

- I agree under penalty of perjury that the information on this application is true and correct.
- I agree to comply with all laws and regulations pertaining to this license.
- I understand that I can not make applications as a commercial pesticide applicator unless I am employed by a licensed pesticide operator.
- I understand that an additional license is required to apply pesticide via aircraft.
- I will notify the Oregon Department of Agriculture immediately should any information on this application change.

| | | | |
|----------------------------|--|----------------------|--|
| Signature (wet ink only):* | | Date:* | |
| Date of Birth (MM/DD/YY):* | | Social Security No:* | |

4. License Categories*

Please select the license categories or subcategories that you qualify for and would like to have on your license. You must qualify for at least one license category or subcategory to be issued a license. License categories are listed in bold. Example: "Agriculture" is a license category; "Agriculture: Herbicide" is a subcategory.

| | | |
|--|--|---|
| <p>Agriculture</p> <p><input type="checkbox"/> Herbicide</p> <p><input type="checkbox"/> Insecticide/Fungicide</p> <p><input type="checkbox"/> Livestock Pest</p> <p><input type="checkbox"/> Soil Fumigation</p> <p><input type="checkbox"/> Vertebrate Pest</p> <p><input type="checkbox"/> Aquatic Pest</p> <p><input type="checkbox"/> Demonstration & Research</p> | <p><input type="checkbox"/> Forest Pest</p> <p>Industrial, Institutional, Health & Structural (IIHS)</p> <p><input type="checkbox"/> General Pest</p> <p><input type="checkbox"/> Moss Control</p> <p><input type="checkbox"/> Space Fumigation</p> <p><input type="checkbox"/> Structural Pest</p> <p><input type="checkbox"/> Wood Treatment</p> | <p><input type="checkbox"/> Marine Fouling Organism</p> <p>Turf & Ornamental</p> <p><input type="checkbox"/> Herbicide</p> <p><input type="checkbox"/> Insecticide/Fungicide</p> <p><input type="checkbox"/> Public Health</p> <p><input type="checkbox"/> Right of Way</p> <p><input type="checkbox"/> Seed Treatment</p> <p><input type="checkbox"/> School IPM</p> |
|--|--|---|

5. Annual License Fee*

The license fee is based upon the number of license categories (in bold above) that you selected. If you select multiple subcategories under the same license category, you only pay a fee for a single license category. Example: If you select "Agriculture: Herbicide" and "Agriculture: Insecticide/Fungicide", you only pay a fee for the "Agriculture" license category.

| | Situation (choose only one) | Base Fee – first license category | Additional license categories | Total number of license categories (in bold above)# | Total Fee# |
|--------------------------|--|-----------------------------------|-------------------------------|---|------------|
| <input type="checkbox"/> | New license or license renewal | \$50.00 | \$7.50 each | | |
| <input type="checkbox"/> | Add a category to my active license | N/A | \$12.50 each | | |

#In some browsers these fields are automatically calculated based on the situation you select and your category selections above.

6. Payment and Submission

Submission options depend on your method of payment. To protect your information, do not email this form to ODA. **Emailed applications and electronic signatures will not be accepted.**

For checks or money orders, mail via U.S. Postal Service to:
Oregon Department 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: 1.503.986.4746
Visa, MasterCard, Discover, and American Express Accepted

Make checks payable to: **Oregon Department of Agriculture**. All dishonored checks or electronic payments will incur a \$35 administrative fee per ORS 30.701.

| | | | |
|-----------------------|--|-----------------|----|
| Name of Cardholder | | Phone | |
| Address of Cardholder | | | |
| City | | Zip | |
| Cardholder Signature | | | |
| Date (MM/DD/YYYY) | | Total Charges | \$ |
| Card Number | | Expiration Date | |

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