



Wisconsin Dept. of Agriculture, Trade and Consumer Protection
 Division of Agricultural Resource Management
 Bureau of Agrichemical Management
 P.O. Box 93178
 Milwaukee WI 53293-0178
 Phone: (608) 224-4548
 DATCPpesticideinfo@wi.gov

DATCP OFFICE USE ONLY	
Date Received	Check #
License #	

Commercial Pesticide Application Business License Application
 (Section 94.685, Wis. Stats., and ATCP 29.15, Wis. Admin. Code)

Business Name and Mailing Address				
LEGAL BUSINESS NAME				
DOING BUSINESS AS				
MAILING ADDRESS				
P.O. BOX		COUNTY		
CITY		STATE	ZIP	
Type of Firm or Organization (please check) <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Cooperative <input type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietor				EMAIL ADDRESS
Site Information: Physical site location for license activity if different from mailing address above				
STREET ADDRESS OR LEGAL DESCRIPTION		CITY	STATE	ZIP
				COUNTY
Complete one form for each business location. Business location means any of the following: A. Any place from which a commercial application business operates on a regular basis as a commercial applicator for hire, including a location at which orders for pesticide applications are regularly taken. This does not include motorized vehicles used to take pesticide orders by mobile telephone. B. Each additional site where a commercial application business mixes or loads at least 1,500 pounds of pesticide active ingredient during a license year (excluding active ingredient that is applied at or immediately adjacent to the mixing or loading site). If a licensee operates two or more mix/load sites within 0.5 mile of each other, they are considered a single site, requiring one license.		Point of Clarification: A business which receives payment or advertises as a provider of pesticide applications is a commercial application business, as is any commercial applicator who acts as an independent contractor on behalf of the aforementioned business. Example: a farm supply location that takes a pesticide application order, bills the customer, and subcontracts with an independent applicator to apply the pesticide. In this case, both parties are required to be licensed separately and each pays the \$70.00 fee.		
Fee\$70.00 ACCP surcharge: Variable based on ACCP fund balance on May 1 of each year.....\$0.00 ACCP bulk storage location surcharge Variable based on ACCP fund balance on May 1 of each year.....\$0.00 Late Fee. If you held a license the previous year AND you are paying after December 31\$14.00				
AFFIRMATION: I hereby certify that the information submitted on this form and any attached pages is true and correct, and I am authorized to sign this application.				
NAME/TITLE		TELEPHONE NUMBER		
		()		
APPLICANT SIGNATURE		DATE	EMAIL ADDRESS	
NOTICE: If you are applying as an individual, your Social Security Number is required to determine whether your license should be denied, not renewed, suspended, or restricted for failure to make certain court-ordered family support payments [s. 93.135 (3), Wis. Stats.]. Request an SSN submission form at DATCPpesticideinfo@wi.gov. If you are an individual applicant and do not have a Social Security Number, you must complete the form found at the following link and submit it to DATCP: https://dcf.wisconsin.gov/files/forms/pdf/2462.pdf [s. 93.135 (1m), Wis. Stats.]. Personal information you provide may be used for purposes other than that for which it was originally collected [s. 15.04(1)(m), Wis. Stats.]. Completion of this form is required to obtain a Commercial Pesticide Application Business License [ss. 15.04(1)(m) and 94.703(2), Wis. Stats.].				

LICENSES ARE NON-TRANSFERABLE AND LICENSE FEES ARE NON-REFUNDABLE.

Make check payable to: Wisconsin Department of Agriculture, Trade and Consumer Protection (DATCP)
Mail form and check to: State of Wisconsin, DATCP, Box 93178 Milwaukee WI 53293-0178

MAKE A PHOTOCOPY OF THIS APPLICATION TO SERVE AS A RECEIPT FOR YOUR RECORDS

COMPLETE THE BACK SIDE OF THIS FORM OVER ⇨

