

The following individual is requesting to receive a duplicate Illinois pesticide applicator / operator license as described below. Attach to this form a \$5 payment for the issuance of the requested duplicate license.

- License type:**
- | | |
|--|--|
| <input type="radio"/> Commercial Applicator | <input type="radio"/> Commercial Operator |
| <input type="radio"/> Commercial Not-for-Hire Applicator | <input type="radio"/> Commercial Not-for-Hire Operator |
| <input type="radio"/> Public Applicator | <input type="radio"/> Public Operator |
| <input type="radio"/> Dealer | <input type="radio"/> Private Applicator |

Name: _____

License Number: _____ **Last 4 digits of SS#:** _____

Company (if applicable): _____

Address: _____

City, State, & Zip Code: _____

Phone: _____

E-Mail address: _____

Signature: _____ **Date:** _____

Return the completed form(s) to:

Illinois Department of Agriculture -- Bureau of Environmental Programs
P.O. Box 19281
Springfield, IL 62794-9281
(217) 785-2427 (voice & TDD)
or
(217) 524-4882 (FAX)
or
AGR.PESTICIDE@Illinois.gov

This agency is requesting disclosure of information that is necessary to accomplish the statutory purposes as outlined under 415 ILCS 60/1. Failure to provide this information shall prevent this form from being processed. This form has been approved by the state forms management center.

For Office Use Only:
