



Reciprocal Pesticide Applicator's License Request Form

Nebraska Department of Agriculture

NDA Use Only
NEB
EXP: / /

PLEASE PRINT ALL INFORMATION

For Assistance Please Call: 402-471-2351

Applicator Name:		
<i>First</i>	<i>MI</i>	<i>Last</i>
Home Address:		Phone: () -
City:	State:	Zip:
Date of Birth: / /	Employer:	

License Type Requested:

- Private (\$25)
- Commercial (\$90)
- Non-Commercial (fee exempt)

Check all Nebraska Categories for which you are requesting licensing:

- (01) Ag Plant
- (01a) Soil Fumigation
- (02) Ag Animal
- (03) Forest
- (04) Ornamental & Turf
- (05) Aquatic
- (05S) Sewer Root Control
- (06) Seed Treatment
- (07) Right-of-Way
- (08) Structural/Health
- (08W) Wood Destroying Organisms
- (09) Public Health
- (10) Wood Preservation
- (11) Fumigation
- (12) Aerial *
- (14) Wildlife Damage Control
- (D/R) Demonstration/Research or (REG) Regulatory

* Fill out section labeled: Aerial Applicators only

Submit to the Nebraska Department of Agriculture:

- This Form
- Photocopy of your Pesticide Applicator's License from the state where you tested
- Photocopy of a valid government issued identification card.
- Photocopy of your FAA Commercial License for pilots
- Payment

**Nebraska Department of Agriculture
Animal and Plant Health Protection
P.O. Box 94668
Lincoln, NE 68509-4668
Fax: 402-471-6892**

Aerial Applicators Only:

FAA Commercial License No.:
State and Year you last attended PAASS:
Business Flying For:

Legal Status:

I am a citizen of the United States.

OR

I am a qualified alien under the federal Immigration and Nationality Act, my immigration status and alien number are as follows:
_____, and I agree to provide a copy of my USCIS documentation upon request.

Resident Agent Designation:

Name a person who is a resident of Nebraska and who will receive papers as your resident agent should enforcement actions be taken upon you. In lieu of a personally known representative, the applicant may designate, in writing, the Nebraska Secretary of State as their resident agent.

Nebraska Secretary of State is designated as my resident agent.

OR

Name of selected resident agent:
Title: _____ Phone: () - _____

Address: _____

- I attest that my certification has not been suspended or revoked in the past three years in any state or tribe. I am at least 16 years of age.
- I hereby attest that my response and the information provided on this form and any related application for public benefits are true, complete, and accurate to the best of my knowledge and belief; and I understand that this information may be used to verify my lawful presence in the United States

Applicant's Signature: _____	Date: / /
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Licensing Fee Payment:

Credit Card: <input type="checkbox"/> Visa OR <input type="checkbox"/> MasterCard
Card Number: _____
Expiration Date: _____ CVV: _____
Cardholder Name: _____
Billing Address: _____ Zip: _____

OR

Check: Payable to Nebraska Department of Agriculture