	PEST CONTRO	RANCE COMPANY L AL APPLICATION	General Agent Name Address:		
- Ψ	•		Phone:		
			Fax:		
Insured:		Lo	ocation:		
		a.) \$ \$	Receipts: Pest Control Termite Inspection	\$	
	al Payroll	\$ \$	Turf & Ornamental Other	\$ \$ \$	
			Total	\$	
Agricultural Plant/Animal Pest Control Fu Aquatic Pest Control Fu			Fumigation – Soil and Agrice	Forest Pest Control Fumigation – Non-Agricultural Fumigation – Soil and Agricultural Products Wood Destroying Organism Pest Control	
	ntrol Questionnaire icensed?	YesNo	Years Licensed?		
• App	Applicator licenses and active license number owner and employees hold:				
• Des	Describe the Owner/Partners prior pest control experience:				
• Des	Describe all Department of Agriculture violations:				
	Has your firm ever had their pesticide applicator license revoked or suspended? Yes I fyes, provide detailed reasons and the dates:				
	Do you provide warranties if no treatment is performed?Yes If yes, provide detailed reasons and the dates:			YesNo	
• List	List chemicals used that require certification or a permit by a regulatory body:			None	
• List	the associations you are	e a member:			
l hereby	v certify that all inforr	nation is accurate to	the best of my knowledge.		
Applicant Signature:			Date:		
Produce	r:		Date:		
CG		1 of	1	2004	