



COMMERCIAL APPLICATOR PESTICIDE LICENSE AFFIDAVIT OF MANAGEMENT RESPONSIBILITY

Washington State Department of Agriculture Pesticide Management Division PO Box 42560 Olympia, WA 98504-2560 Toll free 877-301-4555 E-Mail: license@agr.wa.gov

OFFICE USE ONLY ISSUED: \_\_\_\_\_

Instructions: Use this form to document Business Structure 3 where the Commercial Applicator has no ownership interest in the business but manages its pesticide application activities without the owner(s) participation.

A) COMPANY INFORMATION

COMPANY NAME LICENSE NUMBER DOING BUSINESS AS (DBA - List Additional DBA's on reverse side) UBI NUMBER APPLICATOR NAME (Last, First, Middle) PLEASE PRINT CLEARLY E-MAIL ADDRESS NAME OF AUTHORIZED PERSON COMPLETING FORM TELEPHONE NUMBER SIGNATURE DATE

B) AFFIDAVIT OF MANAGEMENT RESPONSIBILITY

We, the undersigned, affirm that \_\_\_\_\_ has no ownership interest in \_\_\_\_\_ but manages its pesticide application activities without the owner(s) participation. BUSINESS NAME PRINTED NAME OF BUSINESS OWNER, PARTNER OR OFFICER TITLE SIGNATURE OF COMMERCIAL APPLICATOR DATE SIGNATURE OF BUSINESS OWNER, PARTNER OR OFFICER DATE

NOTARY PUBLIC

I am Notarizing signature of \_\_\_\_\_ PRINT NAME OF COMMERCIAL APPLICATOR State of \_\_\_\_\_ County of \_\_\_\_\_ Signed or attested before me on \_\_\_\_\_ by \_\_\_\_\_ PRINT NAME OF NOTARY PUBLIC SIGNATURE OF NOTARY PUBLIC My appointment expires \_\_\_\_\_

NOTARY PUBLIC

I am Notarizing signature(s) of \_\_\_\_\_ PRINT NAME OF BUSINESS OWNER, PARTNER OR OFFICER State of \_\_\_\_\_ County of \_\_\_\_\_ Signed or attested before me on \_\_\_\_\_ by \_\_\_\_\_ PRINT NAME OF NOTARY PUBLIC SIGNATURE OF NOTARY PUBLIC My appointment expires \_\_\_\_\_

Return completed and notarized form to: WSDA Pesticide Licensing PO Box 42560 Olympia WA 98504-2560