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New Mexico Department of Agriculture
Pesticide License Application
NON-COMMERCIAL APPLICATOR

LICENSE APPLICANT Name _____

Social Security No. _____

Business Name _____

Business Mailing Address _____

City, State, Zip _____

Physical Address _____

Business Phone(s) _____

Email _____

Are you currently licensed in New Mexico? If so please provide your license no.: _____

Home Address _____ Home Phone _____

What part(s) of the state will you be working in? _____

Circle the pest control categories you are applying for:

1A 1B 1C 2 3A 3B 4 5 6B 7A 7B 7C 7D 8 9 10

The information provided here is true and correct to the best of my knowledge. It is a violation of the NM Pesticide Control Act to provide false information on any license application. I understand that this license is for applying pesticides only at my place of employment.

License Applicant Date

NMDA USE ONLY		Non-Comm. Law Exam		Category	Date	Score
General Exam	Score	Date	Score			
Date						
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

NMDA Use Check# _____ \$ _____ Lic.# _____