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New Mexico Department of Agriculture  
Pesticide License Application  
**PEST MANAGEMENT CONSULTANT**

**LICENSE APPLICANT** Name \_\_\_\_\_

Social Security No. \_\_\_\_\_

Business Name \_\_\_\_\_

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 I cannot purchase or apply pesticides under this license.**

\_\_\_\_\_  
License Applicant Date

<i>NMDA USE ONLY</i>		<i>P.M.Consultant Law Exam</i>		<i>Category</i>	<i>Date</i>	<i>Score</i>
<i>General Exam</i>		<i>Date</i>	<i>Score</i>			
<i>Date</i>	<i>Score</i>					
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_____	_____	_____	_____	_____	_____	_____

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