

Phone 505-646-2134
Fax 505-646-5977

www.nmda.nmsu.edu
pesticides@nmda.nmsu.edu

New Mexico Department of Agriculture
Pesticide License Application
PUBLIC APPLICATOR

LICENSE APPLICANT Name _____

Social Security No. _____

Public Agency _____

Division or Dept. Within Agency _____

Agency Mailing Address _____

City, State, Zip _____

Agency Physical Address _____

Agency 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 11 _____

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 for this public agency.

License Applicant Date

<i>NMDA USE ONLY</i>		<i>Public 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>					
_____		_____		_____		
_____		_____		_____		
_____		_____		_____		

NMDA Use Lic.# _____