



Reciprocal Pesticide Applicator's License Request Form

Nebraska Department of Agriculture

NDA Use Only
NEB
EXP: / /

PLEASE PRINT ALL INFORMATION

For Assistance Please Call: 402-471-2351

Applicator Name:		
<i>First</i>	<i>MI</i>	<i>Last</i>
Home Address:		Phone:
City:	State:	Zip:
Date of Birth: / /	Employer:	

License Type Requested:

- Private (\$25)
- Commercial (\$90)
- Non-Commercial (fee exempt)

DO NOT REMIT PAYMENT UNTIL REQUESTED BY THE NDA

Check all Nebraska Categories for which you are requesting licensing:

- (01) Ag Plant
- (01a) Soil Fumigation
- (02) Ag Animal
- (03) Forest
- (04) Ornamental & Turf
- (05) Aquatic
- (05S) Sewer Root Control
- (06) Seed Treatment
- (07) Right-of-Way
- (08) Structural/Health
- (08W) Wood Destroying Organisms
- (09) Public Health
- (10) Wood Preservation
- (11) Fumigation
- (12) Aerial *
- (14) Wildlife Damage Control
- (D/R) Demonstration/Research or (REG) Regulatory

* Fill out section labeled: Aerial Applicators only

Submit to the Nebraska Department of Agriculture:

- This Form
- Photocopy of your Pesticide Applicator's License from the state where you tested
- Photocopy of a valid government issued identification card
- Photocopy of your FAA Commercial License for pilots

Nebraska Department of Agriculture
Animal and Plant Health Protection
 P.O. Box 94668
 Lincoln, NE 68509-4668
holly.hillebran@nebraska.gov

Aerial Applicators Only:

FAA Commercial License No.:
State and Year you last attended PAASS:
Business Flying For:

Legal Status:

I am a citizen of the United States.

OR

I am a qualified alien under the federal Immigration and Nationality Act, my immigration status and alien number are as follows: _____, and I agree to provide a copy of my USCIS documentation upon request.

Resident Agent Designation:

An applicant located outside this state shall file with the department either a written designation of a resident agent for service of process or a written consent to the jurisdiction of this state for actions taken in the administration and enforcement of the act.

I hereby consent to the jurisdiction of the State of Nebraska for actions taken in the administration and enforcement of the Act.

OR

Name of resident agent located in Nebraska: _____

Title: _____ Phone: _____

Address: _____

I attest that my certification has not been suspended or revoked in the past three years in any state or tribe. I am at least 18 years of age.

I hereby attest that my response and the information provided on this form and any related application for public benefits are true, complete, and accurate to the best of my knowledge and belief; and I understand that this information may be used to verify my lawful presence in the United States.

Applicant's Signature: _____	Date: _____
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Licensing Fee Payment:

Nebraska statute prohibits NDA from holding payments for licensure therefore, NDA cannot accept payment for reciprocal licenses until the applicant's home state license is verified. Once verified, NDA will contact the applicant to initiate the payment. **Payments received BEFORE license verification will be returned to sender.** Please provide an e-mail and telephone number so that we can reach you for your license payment:

E-mail: _____

Phone: _____

YOU ARE NOT CONSIDERED LICENSED UNTIL THE PAYMENT IS PROCESSED.