

**Oklahoma Department of Agriculture, Food & Forestry**  
**Consumer Protection Services**  
**2800 North Lincoln Boulevard**  
**Oklahoma City OK 73105-4298**  
**Questions: Debbie Cunningham 405-522-6728**  
**APPLICATION FOR NON RESTRICTED USE**  
**PESTICIDE DEALER PERMIT**

<b>Office Use Only</b>
Receipt # _____
454 \$ _____
License # _____
Issue Date _____
AGN # _____
EXPIRATION DATE _____

**Renewal notices and permits will be sent to the mailing address noted in this block. Include information for the entity responsible for payment and submission of the application here:**

<b>Business /Company Name:</b> _____						
<b>Physical Address:</b> _____						
<b>Mailing Address:</b>		Street (no PO Boxes)	City	State	Zip	County
		Street or PO Box	City	State	Zip	
<b>Phone:</b> _____	<b>E-mail:</b> _____					

**If the name or physical address (actual location) of the dealership site is different from that noted in the block above, fill in this section. (eg. a business may have multiple dealership locations.)**

<b>Dealership Name:</b> _____						
<b>Physical Address (Permitted location):</b> _____						
		Street (no PO Boxes)	City	State	Zip	County
<b>Phone:</b> _____						

I hereby apply for a Non-Restricted Use Pesticide Dealer Permit to allow me to sell, store, and/or distribute Non-Restricted Use Pesticides within the State of Oklahoma. I further agree to comply with the provisions of Title 2, Oklahoma Statutes, Section 3-81 et. Seq. and the State Board of Agriculture Rules and Regulations, which include but are not necessarily limited to the following requirements.

- Twenty Five Dollars (\$25.00) for each location with annual pesticide or device sales \$5,000.00 or less. or**
- Fifty Dollars (\$50.00) for each location with annual pesticide or device sales greater than \$5,000.00.**
- Remit the appropriate permit fee for each business location to be permitted. A separate application is required for each location. For renewals, if the application is not received by the fifteenth day of the month first following the date of expiration, an additional penalty fee of twice the renewal fee will be charged for renewal.**
- List additional dealership sites on the following page.**

\_\_\_\_\_  
**Sign & Print Name**

\_\_\_\_\_  
**Date**

**(Please make as many copies of this page as you need.)**

**If the name or physical address (actual location) of the dealership site is different from that noted in the block above, fill in this section. (eg. a business may have multiple dealership locations.)**

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(Permitted location):** \_\_\_\_\_

Street (no PO Boxes)

City

State

Zip

County

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Street (no PO Boxes)

City

State

Zip

County

**Phone:** \_\_\_\_\_

Oklahoma Department of Agriculture, Food & Forestry  
Consumer Protection Services

2800 North Lincoln Boulevard

**Example**

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454 \$ _____
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**CHECK ONE:**                       **NEW**                       **RENEWAL**

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<b>Business</b>					
<b>/Company Name:</b>	Oklahoma Farmers Coop Association				
<b>Physical Address:</b>	14900 S Western	Oklahoma City	OK	73180	Cleveland
	<small>Street (no PO Boxes)</small>	<small>City</small>	<small>State</small>	<small>Zip</small>	<small>County</small>
<b>Mailing Address:</b>	PO Box 260	Moore	OK	73289	
	<small>Street or PO Box</small>	<small>City</small>	<small>State</small>	<small>Zip</small>	
<b>Phone:</b>	405-298-2984		<b>E-mail:</b>	johnk@farmers.com	

**If the name or physical address (actual location) of the dealership site is different from that noted in the block above, fill in this section. (eg. a business may have multiple dealership locations.)**

<b>Dealership Name:</b>	Oklahoma Farmers Coop Association of Apache				
<b>Physical Address (Permitted location):</b>	19 S Main	Apache	OK	94890	Caddo
	<small>Street (no PO Boxes)</small>	<small>City</small>	<small>State</small>	<small>Zip</small>	<small>County</small>
<b>Phone:</b>	580-293-5939				

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\_\_\_\_\_  
**Sign & Print Name**

\_\_\_\_\_  
**Date**

Pay by Credit Card: Card No. _____ Amount: \$ _____
Type of Card: _____ Visa _____ Master Card Exp. Date (MM/YYYY) _____/_____
Name on Card: _____