STATE OF MISSOURI
DEPARTMENT OF AGRICULTURE
BUREAU OF PESTICIDE CONTROL

PESTICIDE LICENSE CHANGE OF NAME/ADDRESS

DATE

ALL SPACES MUST BE COMPLETED. IF NOT APPLICABLE, MARK "N/A"

WHAT INFORMATION DO YOU WISH TO CHANGE? CHECK ALL THAT APPLY.

- ☐ APPLICATOR HOME ADDRESS
- ☐ APPLICATOR BUSINESS ADDRESS
- ☐ APPLICATOR NAME
- ☐ APPLICATOR BUSINESS NAME

APPLICATOR INFORMATION

APPLICATOR NAME	SOCIAL SECURITY NUMBER (LAST FOUR)	PESTICIDE LICENSE NO.
	XXX - XX -	

NEW INFORMATION

APPLICATOR NAME LEGALLY CHANGED TO

NEW HOME CONTACT INFORMATION

HOME ADDRESS			COUNTY
CITY	**STATE**	**ZIP CODE**	**TELEPHONE NUMBER**

NEW BUSINESS CONTACT INFORMATION

BUSINESS NAME

HOME ADDRESS			COUNTY
CITY	**STATE**	**ZIP CODE**	**TELEPHONE NUMBER**

SIGNATURE

LICENSED APPLICATOR SIGNATURE	DATE INFORMATION CHANGED

NOTES:

MILITARY BENEFITS / SERVICE

1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? ☐ Yes ☐ No
2. If yes, would you like to receive information and assistance regarding veterans benefits and services? ☐ Yes ☐ No
3. If yes, may the agency share your contact information with the Missouri Veterans Commission to provide such information? ☐ Yes ☐ No

General information may also be found at the Missouri Veterans Commission's website.

ATTENTION COMMERCIAL APPLICATORS

ANY CHANGE IN BUSINESS NAME OR BUSINESS ADDRESS MUST BE ACCOMPANIED BY A REVISED INSURANCE CERTIFICATE CONTAINING THE SAME INFORMATION. YOUR COMMERCIAL PESTICIDE APPLICATOR LICENSE IS NOT VALID WITHOUT A CURRENT INSURANCE CERTIFICATE PROVIDED BY YOUR INSURANCE COMPANY.

Submit to:
Missouri Department of Agriculture
Bureau of Pesticide Control
P.O. Box 630
Jefferson City, MO 65102
Fax: 573.751.0005