

APPLICATION PRIVATE APPLICATOR PERMIT

PRINT or TYPE all information.
Make check payable to: INDIANA STATE CHEMIST.
Credit cards not accepted

APPLICANT'S NAME:

Last _____ First _____ Middle _____

Permit # (if known) _____ Telephone # () _____ Social Security # _____ - _____ - _____

MAILING ADDRESS: Permit can not be issued unless complete mailing address is given.

Street Address or P.O. Box _____ County _____

City _____ State _____ Zip Code _____

If address is a P.O. Box, please give directions to the farm location.

RECIPROCITY: Out of state applicants requesting an Indiana permit based on certification from your home state should enter home state and certification number from that state.

Home State _____ Certification Number _____

PERMIT APPLICATION: This application must be signed by the applicant and be accompanied by a check in the amount of \$10.00 payable to **Indiana State Chemist** before permit will be issued to you.

Signature _____ Date _____

SEND THIS FORM WITH A CHECK TO:
OFFICE OF INDIANA STATE CHEMIST
PURDUE UNIVERSITY
1154 BIOCHEMISTRY
WEST LAFAYETTE, INDIANA 47907-1154

FOR STATE CHEMIST OFFICE USE

APPROVED _____ DATE _____

Check # _____ Amount _____ Entered Under _____