

Arizona Department of Agriculture
 Environmental Services Division
 1688 W. Adams, Phoenix, AZ 85007
 Phone: 602-542-0904 Fax: 602-542-0466

FOR ADA USE ONLY
 License No: CAA/CAG/CAB _____
 Check #: _____
 Check Date: _____
 Check Amount: _____
 Line Number: _____

**CUSTOM APPLICATOR LICENSE – AIR – GROUND – BOTH
 (CAA/CAG/CAB)
 NEW APPLICATION – FORM 1 OF 2**

I am applying for a Custom Applicator License for*: Air Ground Both (Please check one)

Company Name*: _____ Employer ID Number*: _____

Company Mailing Address*: _____ City _____ State _____ Zip _____

Company Physical Address*: _____ City _____ State _____ Zip _____
 (if different from above)

Company Daytime Phone*: _____ Fax: _____

Company Contact Name*: _____ E-Mail Address: _____

Company Contact Daytime Phone*: _____ Cell _____

Have you ever had a similar certification revoked, suspended, or denied in this or any other jurisdiction during the last three years? If YES, please explain*: _____

Pursuant to A.A.C. R3-3-205(b)(7) – a Custom Applicator ...shall provide the following ...names and current certification numbers of the commercial applicators employed ...

Commercial Applicator Name	PUC Number	PUC Expiration Year	Commercial Applicator Name	PUC Number	PUC Expiration Year

Insurance Carrier*: _____ Policy Number*: _____ Effective Date*: _____ Expiration Date*: _____

All items identified with an (*) must be completed. Applications that do not contain the required information will not be processed.

ADA USE ONLY – TEST DATA			
Test Date	Test Code	Test Category	Test Score
	Z	CAA/CAG/CAB Core	
	Q	Aerial Application Procedures	
	R	Ground Application Procedures	

I would like to obtain a Custom Applicator License and Equipment Tags for:

Please check one – License and Tags must expire at same time.

1 year _____ No. of Equipment Tags X \$25.00 per tag = _____ + \$100.00 License Fee = _____
 (amount due)

2 years _____ No. of Equipment Tags X \$50.00 per tag = _____ + \$200.00 License Fee = _____
 (amount due)

Return this application along with your fee, to the address above. Please make check or money orders payable to the Arizona Department of Agriculture-ESD. The Department is required by law to process this application within 77 days from the date received. However, our goal is to process the application as timely as possible, normally this takes less than 14 days. Please do not send cash! Incomplete applications or applications with incorrect funds will be returned.

The undersigned hereby makes application for a Custom Applicator License, pursuant to A.R.S. 3-363.10(c). By my signature below I agree to conduct business as a Custom Applicator pursuant to Title 3, Arizona Revised Statutes and Rules adopted thereto. The information contained in this application is true and accurate. I understand providing false information in the State of Arizona is a felony.

Signature: _____ Date: _____