



DATE
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**PESTICIDE LICENSE CHANGE OF NAME/ADDRESS**

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

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

- |  |  |
|--|--|
| <input type="checkbox"/> APPLICATOR HOME ADDRESS | <input type="checkbox"/> APPLICATOR BUSINESS ADDRESS |
| <input type="checkbox"/> APPLICATOR NAME         | <input type="checkbox"/> APPLICATOR BUSINESS NAME    |

**APPLICATOR INFORMATION**

APPLICATOR NAME	SOCIAL SECURITY NUMBER (LAST FOUR) XXX - XX -	PESTICIDE LICENSE NO.
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**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			
BUSINESS ADDRESS			COUNTY
CITY	STATE	ZIP CODE	TELEPHONE NUMBER

**SIGNATURE**

LICENSED APPLICATOR SIGNATURE	DATE INFORMATION CHANGED
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**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