

OFFICE USE ONLY
414 \$
Receipt #

Application for Service Technician Identification

TEMPORARY

PLEASE TYPE OR PRINT IN INK - CLEARLY - ALL INFORMATION

1 _____
Company License Number

2 _____ Business Name _____ Business Phone

3 _____ Mailing Address _____ City, State, Zip

4 **SERVICE TECHNICIANS** Please print clearly

<p>1 _____ Name</p> <p>2 _____ Name</p> <p>3 _____ Name</p> <p>4 _____ Name</p>	<p>_____ ST# / Driver's License #</p> <p>_____ ST# / Driver's License #</p> <p>_____ ST# / Driver's License #</p> <p>_____ ST# / Driver's License #</p>	<p>OFFICIAL USE ONLY</p>
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Attach additional pages if necessary

5 Number of Service Technicians (to add new to the company) _____ x \$20.00 **\$** _____

Number of Service Technicians (replacement or transferring within the company) _____ x \$10.00 **\$** _____

6 Email to: Pesticide@ag.ok.gov

I understand that the Service Technician Identification issued is **TEMPORARY** and will expire on **December 31, 2020**.

_____ Signature of Authorized Representative _____ Date

IF PAYMENT IS MADE BY CREDIT CARD PLEASE FILL OUT THE FOLLOWING SECTION

CREDIT CARD NUMBER: _____	
CREDIT CARD TYPE: <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover	EXP DATE: _____ / _____ 3 digit code _____
<small>MONTH/YEAR</small>	
PRINTED NAME OF CARD HOLDER _____	
_____	_____
Authorized Signature	Date