



OKLAHOMA
Agriculture, Food
and Forestry

Consumer Protection Services Division

2800 N. Lincoln Blvd, Oklahoma City, OK 73105

(405) 522-5984

pesticide@ag.ok.gov

Application for Service Technician Identification

OFFICE USE ONLY
414 \$
Receipt #

1 _____
Company License Number

2 _____
Business Name

_____ Business Phone

3 _____
Mailing Address

_____ City, State, Zip

4 **SERVICE TECHNICIANS** Please print clearly

1 _____
Name

_____ ST# / Driver's License #

2 _____
Name

_____ ST# / Driver's License #

3 _____
Name

_____ ST# / Driver's License #

4 _____
Name

_____ ST# / Driver's License #

Attach additional pages if necessary

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

6 **Mail to:** Oklahoma Department of Agriculture, Food & Forestry
Consumer Protection Services
PO Box 528804
Oklahoma City OK 73152-8804

I understand that it is the responsibility of the licensed company to return the Service Technician Identification to the Department of Agriculture, Food, & Forestry upon termination of the employee.

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 _____ MONTH/YEAR
PRINTED NAME OF CARD HOLDER _____
_____ Authorized Signature
_____ Date