

Mississippi Department of Agriculture and Commerce  
Bureau of Plant Industry  
P.O. Box 5207  
Mississippi State, MS 39762  
Phone (662) 325-3390

PESTICIDE DEALER LICENSE RENEWAL APPLICATION

I hereby apply for renewal of my license as a dealer of restricted use pesticides under the provisions of Section 69-23-27, Mississippi Code of 1972. I understand that such license will expire annually on December 31.

**PLEASE PRINT**

NAME OF APPLICANT: \_\_\_\_\_

NAME OF LOCAL OUTLET: \_\_\_\_\_

<p>If you have changed companies since your last renewal, please enter former company name: _____</p> <p>License Number for Former Company: _____</p>
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CURRENT LICENSE NUMBER: \_\_\_\_\_ TITLE: \_\_\_\_\_

(Owner, Salesman, Manager, Etc.)

BUSINESS MAILING ADDRESS: \_\_\_\_\_

(P.O. Box or Street Address)

\_\_\_\_\_  
(City) (State) (Zip Code)

BUSINESS TELEPHONE NUMBER: (\_\_\_\_) \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_



NAME OF PARENT COMPANY: \_\_\_\_\_

PARENT COMPANY ADDRESS: \_\_\_\_\_

(P.O. Box or Street Address)

\_\_\_\_\_  
(City) (State) (Zip Code)

PARENT COMPANY TELEPHONE NUMBER: (\_\_\_\_) \_\_\_\_\_



\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant