

APPLICATION PRIVATE APPLICATOR PERMIT

PRINT or TYPE all information.
Make check payable to: INDIANA STATE CHEMIST
Credit cards NOT accepted

APPLICANT'S NAME:

Last First Middle Initial:

Permit # (if known) Telephone # (with area code)

Last four (4) digits of your Social Security #

MAILING ADDRESS: Permit CANNOT be issued unless complete mailing address is given.

Street Address or P.O. Box County
City State Zip Code

If address given is a P.O. Box, please give directions to the farm location:

RECIPROCITY: *Out of state applicants requesting an Indiana permit based on certification from your home state should enter home state and certification number from that state.*

Home State: **Certification Number:**

PERMIT APPLICATION: *This application must be signed by the applicant and be accompanied by a check in the amount of **\$20.00** payable to **Indiana State Chemist** before permit will be issued to you.*

Please check box if you would like to receive information via e-mail when applicable (**Permits must be mailed.**)

Signature: Date:

E-mail Address:

Send this form with a check to:

**OFFICE OF INDIANA STATE CHEMIST
PURDUE UNIVERSITY
175 S. UNIVERSITY STREET
WEST LAFAYETTE, INDIANA 47907-2063**

FOR STATE CHEMIST USE

APPROVED _____ Date: _____

Check # _____ Amount _____ Entered Under _____