

**INDIVIDUAL NAME or ORGANIZATION:** \_\_\_\_\_ **DATE** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SHIP TO ADDRESS:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**TELEPHONE #** \_\_\_\_\_

**ATTN:** \_\_\_\_\_

**FAX#** \_\_\_\_\_

**TEL#** \_\_\_\_\_

**WEBSITE** \_\_\_\_\_

**PREFERRED CARRIER:** \_\_\_\_\_

**KEY CONTACTS:**

	TITLE	CELL	EMAIL
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**PESTICIDE LICENSING INFORMATION:**

**(A) APPLICATOR**

Pest Control Service License # \_\_\_\_\_

Pest Applicator License \_\_\_\_\_

<u>NAME</u>	<u>LICENSE</u>	<u>CATEGOR(IES)</u>	<u>EXPIRY</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**(B) DEALER /RETAILER**

Pest Control Vendor License# \_\_\_\_\_

Dispenser Name \_\_\_\_\_  
 \_\_\_\_\_

Training Expiry Date \_\_\_\_\_  
 \_\_\_\_\_

**ASWA#** \_\_\_\_\_