RUP DEALER APPLICANTS

The Georgia Department of Agriculture is now required by O.C.G.A. § 5036-1 to verify citizenship for public benefits issued. Effective July 1, 2013, all new and renewal licenses are required to complete a notarized affidavit and provide one form of acceptable identification. See www.agr.georgia.gov/licensing.aspx for details.

Click on Verification of Lawful Presence, the Affidavit is listed under documents. Click on Verification of Lawful Presence under documents for a list of acceptable forms of proof of citizenship.

For additional questions contact the Georgia Department of Agriculture at the contact information listed on this form.

For assistance with the required information, call the Customer Service Center at 404-586-1411 or toll free 855-4AG-LICENSE (855-424-5423)

You can also send an email to gdalicensing@agr.georgia.gov
APPLICATION FOR GEORGIA RESTRICTED USE PESTICIDE DEALER’S LICENSE

Date of Application: ________________________

Check One:

☐ This is the first time this company has applied for a Georgia Restricted Use Pesticides Dealer’s License

☐ This is a renewal application

OUTLET TO BE LICENSED

Name of Outlet: ____________________________

Mailing Address: ____________________________

(If P.O. Box, also give physical address)

City __________________ State __________ Zip ________ County ______________ Telephone __________

Email Address: ____________________________

OWNER OR APPLICANT

Name: ____________________________

Address: ____________________________

City __________________ State ________ Zip ________ County ______________ Telephone __________

TYPE OF BUSINESS

Check One: Company or Corporation Individual Partnership

Note: If individual or partnership, furnish name and address of owners. If company or corporation, give name and titles of officers.

Individual or Partnership

Name: ____________________________

Address: ____________________________

City __________________ State ________ Zip ________

Company or Corporation

1) Officer: ____________________________ Title: ____________________________

2) Officer: ____________________________ Title: ____________________________

Please notify us if you have previously submitted an affidavit and one acceptable document for any other license or GATE card issued by the Georgia Department of Agriculture. This will allow us to search our databases and upload the required documentation for your new license and enable a better customer service experience. For assistance, call the Customer Service Center at 855-4-AG-LICENSE (855-424-5423).

I certify that the above information is correct: ____________________________

Applicant’s Signature

NOTE: This application must be accompanied by a $55.00 license fee (Check or Money Order) made payable to the Georgia Department of Agriculture.

OFFICE USE ONLY

License No. __________________

Rev. 08/12

Date Paid: __________________

Check No: __________________ By: __________________