



DELAWARE DEPARTMENT OF
AGRICULTURE

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DEALER PERMIT APPLICATION TO SELL/TRANSFER PESTICIDES

To apply for a permit, please complete and sign the application, and enclose the annual payment fee of \$25.00. Payment can be made by check to the Delaware Department of Agriculture or pay online at <https://dda.force.com/pesticide>.

APPLICANT INFORMATION

Name: (Last, First, Middle)		Dealer Permit #:
Email:		Phone:
Dealer Permit No.:		Zip Code:
Dealership Name:		Fax:
Mailing Address:		
City, State:		Zip Code:
<input type="checkbox"/> \$25 Annual application fee to the Delaware Department of Agriculture enclosed.		

PROGRAM ACKNOWLEDGMENTS

I, _____, hereby apply for a permit to sell or transfer Restricted Use Pesticides in accordance with regulations adopted under of [3 Del. Admin Code 600 § 20 of the Delaware Pesticide Rules and Regulations](#). I certify that I understand my legal responsibilities and that I will sell Restricted Use Pesticides only to individuals who possess a valid Pesticide Applicators Certificate.

Applicant's Signature: _____ **Date:** _____

PAYMENT

The annual fee for a Restricted Use Pesticide Dealer Permit is \$25.00 payable to the Delaware Department of Agriculture.

CHECK / MONEY ORDER

Fee: \$25.00

Make Check or Money Order
Payable to:

Delaware Department of Agriculture

CREDIT CARD (Online payment information above)

☐ Visa ☐ Mastercard ☐ Discover

Billing Name:

Credit Card Billing Address:

City, State, Zip:

Credit Card #:

Exp: /

CVC# (3 or 4 digits on the back of card):

Authorization: