



Tree Trimming and Stump Removal Services

Certified Pesticide Applicator Licensing Form

Name: _____

Applicator's Full Name (as it appears on License)	License Number*	Categories	Expiration Date

*Applicator license must be endorsed by the business license number of the contractor completing the quote.

Name of Company: _____ Date: _____

This document must be downloaded, completed, and uploaded as a response to this Invitation for Bid (IFB).

Failure to complete and upload this form may deem your Bid as non-responsive.