

Request for Quote

**Question– Certified Pesticide Applicator Licensing Form**

RFQ Name: \_\_\_\_\_ RFQ # \_\_\_\_\_

| Applicator's Full Name<br>(as it appears on<br>License) | Certification<br># | Business<br>License #* | Category(s) | Expiration<br>Date |
|---|--------------------|------------------------|-------------|--------------------|
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\*Applicator license must be endorsed by the business license number of the contractor completing the quote.

Contractor Name: \_\_\_\_\_ Date: \_\_\_\_\_

This document must be completed and returned with the Contractor's response.

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