

REQUEST FOR COMMERCIAL PESTICIDE APPLICATOR LISTING

Request for a listing of **Commercial Pesticide Applicators** companies licensed by the Iowa Department of Agriculture and Land Stewardship.
Please specify the following:

1. List Type:

- Full listing of Company & Applicators
- Company Only (No applicator data)
- Applicators Only (No company data)

(Indicate format:)

- Excel spreadsheet *.xlsx
- Excel spreadsheet *.xls
- Comma-Delimited *.csv
- Adobe *.pdf
- Word *.docx
- Word *.doc

2. Counties desired: (✓ one)

- All records (includes out-of-state)
- Iowa Records Only
- Specific Counties listed as follows

3. Sort Sequence: (✓ one)

- Company Name/City
- County/Company Name/City
- City/Company
- Zip Code

4. Status: (✓ one)

- All Records (including inactive)
- Current Records Only

5. Indicate Records Requested:

Licensed Companies (LICENSE TYPE=)

- All Companies
- Commercial Companies (00) Aerial Applicators (AA)
- Public Official Licenses (PO)
- State Agency Licenses (SA)
- Noncommercial Companies (NC)
- Golf Courses (GC)

6. Indicate Certification Codes

- All Records
- 1A - Ag Weed
- 1B - Ag Insect
- 1C - Ag Plant Disease
- 1D - Fruit & Vegetable
- 1E - Animal Pest
- 02 - Forest
- 30T - Ornamental & Turf
- 3T - Turf only
- 3O - Ornamental only
- 3G - Greenhouse
- 04 - Seed Treatment
- 05 - Aquatic
- 06 - Right-of-Way
- 7A - General Household
- 7B - Termite/Structural Pest
- 7C - Fumigation
- 7D - Community Insect
- 7E - Wood Preservatives
- 7F - Anti-Fouling Paints
- 08 - Public Health
- 09 - Regulatory
- 10 - Demonstration/Research
- 11 - Aerial Application
- H - Handlers

RETURN THIS FORM to the Iowa Department of Agriculture & Land Stewardship:
IDALS Pesticide Bureau, Wallace Building, 502 East 9th Street,
Des Moines, IA 50319.

FAX 515-242-6497 Questions? Contact Laura Castro at 515-281-6597,
Laura.Castro@IowaAgriculture.gov

7. Intended Purpose: Please explain in detail exactly how this data is going to be used. If faxing, use a second page. This section must be signed and dated.

Mailing address of the person/company requesting records:

Company Name _____

Attention _____ Email Address _____

Address _____

City, State, Zip + 4 _____ Telephone Number Including (Area Code) _____

I understand that I will be billed for this data request, and I agree to promptly pay for the full amount listed in the invoice upon receipt of the data listing. The amount in the invoice corresponds to the employee time used on these data services necessary to generate said listing. (Fees vary depending on the amount of time needed to generate the data being requested).

By signing this form, I am acknowledging the request for data being made:

Signature/Date

PLEASE DO NOT WRITE IN SHADED AREAS.

The listing requested above is authorized for release, **excluding sales figures and fees paid**, to the individual and company listed above.

Authorizing Signature/Pesticide Bureau/IDALS --- Date