

New Mexico Department of Agriculture  
**PESTICIDE LICENSE AMENDMENT**

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To **add certification categories**, list the categories you want to be tested in. NMDA will send you an approval notice, then you can sign up to take the specified exams.

License No. \_\_\_\_\_ Name \_\_\_\_\_

Business Name \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Categories to add: \_\_\_\_\_  
To add Category 7D you must attend an approved 7D workshop before you can take the exam. Provide the workshop ID here \_\_\_\_\_ and include a copy of your certificate with this form.

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To **transfer to a different pest control company**, complete this section and sign. Both operator and supervising applicator must sign. Enclose a check or money order for \$25 for Operators or \$50 for Applicators. *Do not* use this form to start a new business.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Transfer **from** (business name) \_\_\_\_\_ Lic.No. \_\_\_\_\_

Transfer **to** (business name) \_\_\_\_\_ Phone \_\_\_\_\_

New Supervising Applicator name \_\_\_\_\_ Lic.No. \_\_\_\_\_

New Supervising Applicator signature \_\_\_\_\_ Date \_\_\_\_\_

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To **cancel a license**, provide the licensee's name and license number and sign below.

Cancel license no. \_\_\_\_\_ issued to (name) \_\_\_\_\_

Business Name \_\_\_\_\_

Supervising Applicator name \_\_\_\_\_ Lic. No. \_\_\_\_\_

Supervising Applicator signature \_\_\_\_\_ Date \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

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**NMDA USE** Category \_\_\_\_\_ Date \_\_\_\_\_ Score \_\_\_\_\_

Category \_\_\_\_\_ Date \_\_\_\_\_ Score \_\_\_\_\_

Check# \_\_\_\_\_ \$ \_\_\_\_\_