IOWA AGENT DESIGNATION FORM

(Please print or type all information)

NONRESIDENT APPLICATOR: ____________________________________________

DOING BUSINESS WITH OR AS: _________________________________________

ADDRESS: __________________________________________________________

CITY/STATE/ZIP: _____________________________________________________

I hereby appoint the Iowa Secretary of State as my duly authorized agent upon whom service of process, notices and demand as permitted by law may be made which service shall have full force and effect as if lawfully made upon me.

_________________________________________________________ Date

Legible Signature of nonresident applicator

Subscribed and sworn before me this _________________________________
(day, month, year)

_________________________________________________________

NOTARY PUBLIC, STATE OF

(SEAL)

My Commission Expires

This form must accompany all applications for an Iowa Commercial Pesticide Applicator License from out-of-state applicants.