

**VIRGINIA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES
OFFICE OF PESTICIDE SERVICES**

P. O. Box 1163 • Richmond, VA 23218
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REQUEST TO TAKE THE VIRGINIA PESTICIDE BUSINESS LICENSE EXAMINATION

Before this request to take the Virginia Pesticide Business License examination can be processed, the **(1) application for Pesticide Business License** must be completed and submitted to the Virginia Department of Agriculture and Consumer Services along with the **(2) \$50.00 annual business license fee** and **(3) evidence of financial responsibility**. If you have any questions, please call Reba Gilliam at 804-786-1025.

PLEASE TYPE OR PRINT THE FOLLOWING INFORMATION:

Person taking the Virginia Pesticide Business License Exam:

SOCIAL SECURITY NO. (REQUIRED): _____ - _____ - _____

HOME PHONE NO.: _____

NAME OF APPLICANT: _____

(Last) (First) (M.I.)

MAILING ADDRESS: _____ COUNTY: _____

(Street or RFD)

CITY: _____ STATE: _____ ZIP CODE: _____

SIGNATURE: _____

Business Name:

LEGAL NAME OF BUSINESS: _____

TRADING AS: _____

BUSINESS PHONE NO: _____

(Area Code)

Business Mailing Address:

MAILING ADDRESS: _____ CITY: _____

COUNTY: _____ STATE: _____ ZIP CODE: _____

Business Physical Location Address:

STREET: _____ CITY: _____

COUNTY: _____ STATE: _____ ZIP CODE: _____

FOR DEPARTMENT USE ONLY:

Business License No: _____

Date Keyed: _____

Keyed by: _____

01/09