

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

P. O. Box 1163 • Richmond, VA 23218  
102 Governor Street, Lower Level, Richmond, VA 23219  
Phone: (804) 786-3798 • Fax: (804) 786-9149 • www.vdacs.virginia.gov

**REQUEST TO TAKE THE VIRGINIA PESTICIDE BUSINESS LICENSE EXAMINATION**

**Businesses that only sell pesticides and are not required to have a certified commercial applicator.** 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: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (M.I.)

CITY: \_\_\_\_\_ (Street or RFD) COUNTY: \_\_\_\_\_

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: \_\_\_\_\_