

VIRGINIA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES
OFFICE OF PESTICIDE SERVICES

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

APPLICATOR CHANGE OF INFORMATION

Applicator Name: _____ Certificate No. _____

Email: _____ Home Telephone #: (_____) _____ - _____
Area Code

NOTICE TO THE APPLICATOR:

Your Virginia Commercial Pesticide Applicator certificate or Registered Technician certificate is issued to **YOU** by the VDACS' Office of Pesticide Services (OPS), and it is **YOUR** responsibility to maintain it, regardless of your employer. By notifying OPS you may transfer your certificate from one employer or location to another. The Office of Pesticide Services will contact you **by mail** one to three times a year (status report, renewal notice, new certificate) to enable you to maintain your certificate. It is important for you to keep us informed of any change in your mailing address.

CHANGE OF STATUS

Please change my certificate from an "Active" status to an "Inactive" status. (Home Address Required)

Please change my certificate from an "Inactive" status to an "Active" status. (Business Info Required)

CHANGE OF EMPLOYER

Note: The business information below is required if changing employers or adding a second employer. Fees may be applicable in both situations.

ADD SECOND EMPLOYER

Employer/Business Name: _____

VA Pesticide Business License # (if applicable): _____ If new business, check one of following:

Pesticide Business License (PBL)

Business Telephone #: (_____) _____ - _____

Area Code

Application and Fee Attached

PBL Application and Fee Submitted

AUTHORIZATION STATEMENT:

I understand that it is my responsibility to maintain my certificate and that I wish for all mailings from the Office of Pesticide Services to be sent to the address below.

CHANGE OF APPLICATOR MAILING ADDRESS:

Prior Mailing: _____ New Mailing: _____

Home Address: In order to keep your files current, the Office of Pesticide Services also keeps a record of your current home address. Please provide the information below if it is not the same as the new mailing address above or check "Same as mailing" if it is the same:

Same as mailing Street/RFD: _____

City, State, Zip: _____

Signature of Applicator (Required): _____ Date: _____

**Please mail this form to the address above, or FAX to (804) 786-9149
Questions? Call (804) 786-3798**