VIRGINIA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES
Division of Consumer Protection
Office of Pesticide Services

P. O. Box 526
Richmond, VA 23218

1100 Bank St., Room 401-D
Richmond, VA 23219

POWER OF ATTORNEY

The following is for use by non-Virginia residents in designating an agent upon whom service of process (summons to court, etc.) may be had in the event of any suit against such non-resident person. You, as a non-resident pesticide applicator, may designate either the Secretary of the Commonwealth of Virginia as that agent or a duly appointed resident agent by completing and filing the following information.

Please complete and file in duplicate. Enclose with this form, a check for $3.00 made payable to the SECRETARY OF THE COMMONWEALTH and mail to the above address.

KNOWN ALL MEN BY THESE PRESENTS: THAT _____
(Applicant's name and address)
residing at _____

☐ **does hereby make, constitute, and appoint _____**
of _____
(Name and Address of agent)

OR

☐ **does hereby make, constitute and appoint the SECRETARY OF THE COMMONWEALTH OF VIRGINIA, and his successor or successors in office to be the true and lawful agent and attorney-in-fact upon whom all legal processes against said non-resident person may be served; and the said person hereby stipulates and agrees that any lawful process against the said person which is duly served on said agent and attorney-in-fact shall be of the same legal force and validity as if served on said person.**

IN WITNESS WHEREOF the said person has executed and subscribed this Power of Attorney in duplicate this _____ day of _____, 2005.

_____ ATTEST: _____
(Applicant's Signature) (Witness's Signature)

State of _____ City (or County) of _____,

I, _____, a Notary Public in and for the State

and city or county aforesaid, hereby certify that _____ and
(Applicant's Name)
_____ whose names are signed to the foregoing Power
(Witness's Name)
of Attorney, have acknowledged the same before me in my city or county aforesaid. Given under my hand

and official seal this_____ day of _____, 2005.

Notary Public: _____

My Commission Expires: _____

Affix Official Seal