BUSINESS CHANGE OF INFORMATION

Business Name on Record: ________________________________________________

Business Telephone #: (________) _________ - ____________ □ Check if phone # changed

VA Pesticide Business License No. __________ Email: __________________________________________

NOTICE TO THE BUSINESS:
It is YOUR responsibility to maintain your business’s contact information. The Office of Pesticide Services will contact you by mail once a year to enable you to renew your pesticide business license. It is important for you to keep us informed of any change in your mailing address to make sure the renewals are received in a timely manner.

CHANGE OF:

☐ BUSINESS NAME

FORMER NAME: _________________________________________________________________________

NEW NAME: ____________________________________________________________________________

☐ DESIGNATED AUTHORIZED REPRESENTATIVE

NEW AUTHORIZED REP.: ______________________________________________ CERTIFICATE NO.*

*Please provide certificate number if representative is certified otherwise leave blank.

☐ CERTIFIED COMMERCIAL APPLICATOR (CCA)

NEW CCA: ______________________________________________ CERTIFICATE NO. ______________

☐ CHANGE OF ADDRESS:

Prior Mailing: __________________________________ New Mailing: ___________________

__________________________________________________________________________

__________________________________________________________________________

Prior Physical: __________________________________ New Physical: ___________________

□ Same as mailing

__________________________________________________________________________

Signature (Required): ___________________________________________ Date: ______________

Authorized Representative or Certified Commercial Applicator

Please mail this form to the address above, or FAX to (804) 786-9149
Questions? Call (804) 225-2223