Instructions for Obtaining and Maintaining a Virginia Pesticide Business License

Who must hold a Virginia Pesticide Business License?

The Virginia Pesticide Control Act defines a pesticide business as “any person engaged in the business of: distributing, applying or recommending the use of a product; or storing, selling, or offering for sale pesticides directly to the user.” The Act requires any business operating in Virginia that fits this description to be licensed by the Office of Pesticide Services in the Virginia Department of Agriculture & Consumer Services. This license requirement is separate from any “business license” required by localities. Typical licensed pesticides businesses include:

- Pest management firms (exterminators)
- Lawn care companies that apply herbicides, insecticides, or fungicides as part of their services
- Retailers, distributors or dealers that sell pesticide products unless exempted by regulation (see below)

Certain businesses that meet this definition have been exempted by regulation from the requirement to have a license:

- Retailers of limited quantities (sales of less than $50,000 annually per outlet) of general use pesticides primarily intended for limited household use. Note: Retailers of products that are labeled for other uses (i.e. Agricultural, Commercial, Institutional, Industrial, etc.) are not exempt from the license requirement.
- Providers of janitorial, cleaning or sanitizing services using only sanitizers, disinfectants, and germicides

Requirements for licensing:

- Application: Submit the enclosed application form, along with a check or money order for $150.00.
- Certification of liability insurance: Submit a current certificate of insurance showing that the firm has liability insurance coverage that meets state requirements (see below).
- Designated commercial applicator: All businesses that apply or recommend pesticides commercially, or sell restricted-use pesticides, must designate a certified commercial applicator in their employ to be responsible for the safety of pesticide applications, recommendations, or sales.
- Pesticide Business License Exam: If a retailer of general use pesticides does not have a commercial applicator on staff, a designated employee must take and pass the Virginia Pesticide Business License Exam (see below).
- All licenses expire March 31 each year, and must be renewed annually.
- Each outlet must have a separate license.
CERTIFICATION OF INSURANCE COVERAGE:
Each applicant and licensed businesses must provide a certificate of liability insurance to the Office of Pesticide Services, and maintain a liability insurance policy, from a person authorized to do business in Virginia, protecting persons who may suffer legal damages as a result of the use of any pesticide by the applicant.

The certificate of insurance must include: the name of the insurance company, policy number, insurance amount, type of coverage afforded, any exclusions relating to damage arising from the use of pesticides, and expiration date of the policy. The policy must cover liability arising out of the handling, storage, application, use or misuse, or disposal of any pesticide. It must also cover liability relating to completed operations.

The amount of coverage must be a minimum of $100,000 for property damage, and $100,000 for personal injury or death of one person; and $300,000 per occurrence. This coverage must be maintained at all times during the license period. OPS must be notified at least 10 days prior to any reduction at the request of the licensee or cancellation of the policy by the insurer.

The licensee must provide a current certificate of insurance to the Office of Pesticide Services at each insurance renewal date, or at any change of insurer.

MAINTAINING YOUR BUSINESS LICENSE:
All licenses expire March 31 each year, and must be renewed annually.

To maintain a certificate, you must submit an application for renewal and the annual fee by March 31 to the Office of Pesticide Services. Late applications will be charged a 20% penalty. You should ensure that all information on your renewal application is still correct. Include a copy of your latest certification of insurance with your renewal application.

THE VIRGINIA PESTICIDE BUSINESS LICENSE EXAM:
Do not complete the Request to take the Pesticide Business License Exam form unless your business only sells pesticides and is not required to have a certified commercial applicator employed.

Request to take the Pesticide Business License Exam:
If your firm does not sell restricted use pesticides or make recommendations, you do not need to have a certified commercial applicator to get a Pesticide Business License. Your business must, at a minimum, have an employee take and pass the Virginia Pesticide Business License Exam. You should apply for this examination at the same time as you submit the Application for a Pesticide Business License. There is no fee for this examination.

Study Manual for the Pesticide Business License Exam:
The exam is based on the material in the Virginia Core Manual “Applying Pesticides Correctly.” You may order the Virginia Core Manual, Publication # 456-210, from the Virginia Cooperative Extension. To order the manual visit http://www.vtpp.org where you can submit an order online using credit card or download an ordering form. Credit cards are only accepted using the Online Ordering option. To pay by check, money order or government purchase order complete the order form online, print it and submit with payment via regular mail.
Notice of Authorization:
Once your complete application is received, the Office of Pesticide Services will send you a letter confirming the receipt of your application and authorizing you to take the exam. This Notice of Authorization must be presented at the testing center, along with photo identification. Qualified applicants have 90 days from the date of the letter to sit for the examination. If your Notice of Authorization expires before you have taken the exam, you must reapply.

Testing:
The Virginia Pesticide Business License examination is a written examination. It is administered on touch-screen computers at Department of Motor Vehicles Customer Service Centers. Examinations are given during business hours at more than 70 local DMV offices. Exams are scored as they are taken, and you will be notified of your score as you complete the exam. A score of 76% is required to pass this exam. If you fail the exam, OPS will notify you, and will send you a new application. You must submit another application to take the exam again.

REQUIRED RECORDKEEPING:
All licensed pesticide businesses are required to maintain certain records for a period of two years, and make them available to the Office of Pesticide Services upon request.

Application records:
Records are required for all pesticides applied by a pesticide business and must contain the following information:

1. Name, address, and telephone number of customer and address or location, if different, of site of application;
2. Name and certification number (or certification number of the supervising certified applicator) of the person making the application;
3. Day, month and year of application;
4. Type of plants, crop, animals, or sites treated and principal pests to be controlled;
5. Acreage, area, or number of plants or animals treated;
6. Brand name or common product name;
7. EPA registration number;
8. Amount of pesticide concentrate and amount of diluent used, by weight or volume, in mixture applied; and
9. Type of application equipment used.

Restricted Use Pesticide Sales records:
Records are required for all restricted use pesticides sold by a pesticide business and must contain the following information:

1. Name, address, certified applicator number or business license number, and certificate or license expiration date of the person to whom the restricted use pesticide was sold or delivered;
2. Date of sale;
3. Brand or common product name;
4. EPA registration number; and
5. Quantity of pesticide sold or delivered.

Sources of Information:

The Virginia Pesticide Control Act, Title 3.2, Chapter 39 Code of Virginia, Sections 3.2-3924 through 3.2-3927.

Rules & Regulations

Chapter 675 Regulations Governing Pesticide Fees Charged by the Department of Agriculture and Consumer Services

Chapter 680 Regulations Governing Licensing of Pesticide Businesses Operating Under the Authority of the Virginia Pesticide Control Act

Questions regarding federal and state pesticide regulations and the legal responsibilities of licensed pesticide businesses can be submitted to:

**Virginia Department of Agriculture and Consumer Services (VDACS)**
**Office of Pesticide Services (OPS)**

Mailing: P.O. Box 1163
Richmond, VA 23218

Location: 102 Governor Street, Lower Level
Richmond, VA 23219

Phone (804) 786-1025 / Fax (804) 786-9149

http://www.vdacs.virginia.gov/pesticides.shtml

Questions regarding pesticide management techniques, sources of approved preparatory training materials for pesticide applicators can be submitted to:

**Virginia Cooperative Extension (VCE)**
**County Extension Office**
*(consult local listings for telephone number)*

**Virginia Tech Pesticide Programs (VTPP)**

302 Agnew Hall
Virginia Tech
Blacksburg, VA 24061-0409
(540) 231-6543

http://www.vtpp.org
APPLICATION FOR VIRGINIA PESTICIDE BUSINESS LICENSE

to sell, distribute, store, apply, or recommend pesticides for use.

The annual business license fee is $150.00. Please make check payable to: Treasurer of Virginia. (1) Mail application, (2) check, and (3) evidence of financial responsibility to the above address. If you have any questions, please contact Reba Gilliam by phone at 804-786-1025 or email at reba.gilliam@vdacs.virginia.gov.

Licenses expire on March 31 each year. Licenses renewed after March 31 each year are subject to a 20 percent late fee.

Please type or print the following information:

LEGAL NAME OF BUSINESS:________________________
TRADING AS:_____________________________________
FEDERAL IDENTIFICATION NUMBER:__________________
MAILING ADDRESS_________________________________
CITY:_______________________________________
COUNTY:_______________________________________
STATE:_______________________________________
ZIP CODE:_____________________________________
NAME OF AUTHORIZED REPRESENTATIVE:____________
TITLE:___________________________________________
BUSINESS PHONE NO. ______________________________
I certify that I understand my legal responsibilities for the use, supervision of use, sale, distribution, or storage of pesticides, and that if I sell pesticides, I will sell restricted use pesticides only to individuals who possess a valid pesticide applicators certificate, or to their representative.

SIGNATURE OF REPRESENTATIVE: _____________________ DATE: _________________

This business will engage in the following (CHECK ALL THAT APPLY):

____ SELLING GENERAL USE PESTICIDES      ____ DISTRIBUTION      ____ APPLYING PESTICIDES*
____ STORAGE     ____ BULK STORAGE
____ RECOMMENDING FOR USE ANY PESTICIDE*  ____ SELLING RESTRICTED USE PESTICIDES*

*Requires a certified commercial applicator to be employed; provide information below:

Name of Applicator:_________________________ Certificate Number: __________________

ATTACH A COPY OF THE LIABILITY INSURANCE CERTIFICATE TO THE APPLICATION

BUSINESS PHYSICAL LOCATION ADDRESS:

STREET: _________________________________ CITY: _________________________________
COUNTY: _________________ STATE: _______ ZIP CODE: _________________

BUSINESS BILLING ADDRESS IF DIFFERENT FROM ABOVE:

STREET: _________________________________ CITY: _________________________________
COUNTY: _________________ STATE: _______ ZIP CODE: _________________

HOW DID YOU LEARN ABOUT THIS REQUIREMENT? (CHECK ALL THAT APPLY):

____ CALL TO VDACS*  ___________ EXTENSION  ___________ PESTICIDE SUPPLIER
____ VDACS* INVESTIGATOR  ___________ RETAIL DISPLAY  ___________ VDACS WEB PAGE
____ OTHER

*VIRGINIA DEPT OF AGRICULTURE & CONSUMER SERVICES
To the Virginia Department of Agriculture and Consumer Services:

**I hereby certify** that Policy #_______________ provides coverage, in the form of a general liability policy from a person authorized to do business in Virginia or a certification thereof, protecting persons who may suffer legal damages as a result of the use of any pesticide by the applicant. This policy is in a minimum of:

$___________________________ for property damage, $______________________ for personal injury and
$___________________________ per occurrence.

$___________________________ deductible amount (see reverse for deductible requirements)

Exclusions (please specify):
_________________________________________________________________________________________________________________________
_________________________________________________________________________________________________________________________

This policy has been issued to:

_________________________________________________________________________________________________________________________
______ (Name of Insured) ______ (Address)
_________________________________________________________________________________________________________________________
______ (Trading As, or D.B.A.) ______ (Address)

Policy term: Effective date: _________________________________ Expiration date: __________________________________

In the event of cancellation, the insurer agrees to advise the VDACS Office of Pesticide Services, by written notice, at least 10 days prior to the effective date of cancellation.

_________________________________________________________________________________________________________________________
______ (Insurance Company Providing Coverage)
_________________________________________________________________________________________________________________________
______ (Agency Issuing Policy) ______ (Company Seal or Stamp)
_________________________________________________________________________________________________________________________
______ (Street) ______ (City) ______ (State) ______ (Zip)

_X__________________________________________________________         _______________________________________________________
______ (Signature - Authorized Representative) ______ (Date of Certificate)

For acceptance by the Virginia Department of Agriculture and Consumer Services, this form must be properly completed, validated and signed by the issuing insurance agency. Mail completed certificate to the address below.

Certificate Holder: Office of Pesticide Services
Virginia Department of Agriculture and Consumer Services
P. O. Box 1163
Richmond, Virginia  23218

4-5-96 (see reverse side) VDACS-07214
EVIDENCE OF FINANCIAL RESPONSIBILITY REQUIRED OF

A LICENSED PESTICIDE BUSINESS

DEFINITION: "Pesticide business" means any person engaged in the business of distributing, applying or recommending the use of a product; or storing, selling, or offering for sale pesticides directly to the user. The term "pesticide business" does not include (I) wood treaters not for hire; (ii) seed treaters not for hire; (iii) operations which produce agricultural products unless the owners or operators of such operations described in clauses (I), (ii), and (iii) are engaged in the business of selling or offering for sale pesticides, or distributing pesticides to persons outside of that agricultural producing operations in connection with commercial transactions; or (iv) businesses exempted by regulations adopted by the Board.

Prior to being issued a pesticide business license, a business shall furnish evidence of financial responsibility consisting of a liability insurance policy, or certification thereof, protecting persons who may suffer legal damages as a result of the use of any pesticides by the applicant. Such financial responsibility need not apply to damages or injury to agricultural crops, plants or property being worked upon by the applicant.

Minimum Insurance Requirements

$100,000 for property damage
$100,000 for personal injury and $300,000 per occurrence.

A deductible clause in an amount which is usual and customary in the industry, with the provision that the insurer shall pay all claims in full and that the amount of the deductible shall be recoverable only from the insured, may be accepted.

The business licensee shall maintain at least the minimum coverage at all times during the license period, and shall provide a current certificate of insurance to the Office of Pesticide Services at each insurance renewal date.

Note - This certificate is for use only in providing proof of liability insurance coverage.

Revised form - This form supersedes all previous certificate of insurance forms issued by the VDACS Office of Pesticide Services.
REQUEST TO TAKE THE VIRGINIA PESTICIDE BUSINESS LICENSE EXAMINATION

For 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 at the address above along with the (2) $150.00 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.: ____________________ EMAIL: ________________________________ |
| NAME OF APPLICANT: ____________________________________________________ (Last) (First) (M.I.) |
| MAILING ADDRESS: ____________________________________________ COUNTY: __________________ |
| CITY: ______________________ (Street or RFD) STATE: _______ ZIP CODE: ________ |

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: ________ |

SIGNATURE: ___________________________________________________________ DATE: _____________

FOR DEPARTMENT USE ONLY:

Business License No: ___________________________ Date Keyed: _____________
Keyed by: ___________________________