

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

P. O. Box 526 • Richmond, VA 23218
102 Governor Street, Lower Level, Richmond, VA 23219
Phone: (804) 225-2223 • Fax: (804) 786-9149 • www.vdacs.virginia.gov

APPLICATION FOR VIRGINIA PESTICIDE BUSINESS LICENSE
to sell, distribute, store, apply, or recommend pesticides for use.

The annual business license fee is \$150.00. Licenses expire on March 31 each year and are not pro-rated or otherwise adjusted regardless of when issued. 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 Diane Bussée at 804-225-2223 or send an email to diane.collinsbussee@vdacs.virginia.gov.

ATTACH A COPY OF THE LIABILITY INSURANCE CERTIFICATE TO THIS APPLICATION

Please type or print the following information:

LEGAL NAME OF BUSINESS: _____

TRADING AS: _____

FEDERAL IDENTIFICATION NUMBER: _____

MAILING ADDRESS _____ CITY: _____

COUNTY: _____ STATE: _____ ZIP CODE: _____

EMAIL ADDRESS: _____

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 designated certified commercial applicator (CCA) to be employed; provide information below:**

Name of Designated CCA: _____ Certificate Number: _____

Commercial Applicators must submit an *Applicator Change of Information Form* to the Office of Pesticide Services to indicate whether they will be changing employers or adding an employer. Adding a second employer requires a certificate fee of \$100. Change of Information Forms can be found on the VDACS Services/Forms page under "Pesticide Services".

BUSINESS PHYSICAL LOCATION ADDRESS IF DIFFERENT FROM ABOVE (REQUIRED IF ABOVE IS PO BOX):

STREET: _____ CITY: _____

COUNTY: _____ STATE: _____ ZIP CODE: _____

BUSINESS BILLING ADDRESS IF DIFFERENT FROM ABOVE:

STREET: _____ CITY: _____

COUNTY: _____ STATE: _____ ZIP CODE: _____

FOR DEPARTMENT USE ONLY:

Business License No.:
Date Keyed:
Keyed by:

AMOUNT TO REMIT: \$150.00
VDACS ACCT. 757-09-02438
VDACS-07209 02/21