VIRGINIA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES
OFFICE OF PESTICIDE SERVICES
P. O. Box 526 • Richmond, VA 23218
Phone: (804) 225-2223 • Fax: (804) 786-9149 • www.vdacs.virginia.gov

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 804-225-2223 or send an email to opsclrt.vdacs@vdacs.virginia.gov.

PLEASE TYPE OR PRINT THE FOLLOWING INFORMATION:

Person taking the Virginia Pesticide Business License Exam:

SOCIAL SECURITY NO. or ITIN (**REQUIRED**): _____ - _____ - _____ DATE OF BIRTH: _____/_____/_____
DAY/MONTH/YEAR

HOME PHONE NO.:_____ EMAIL: _____

NAME OF APPLICANT: _____
(Last) (First) (M.I.)

MAILING ADDRESS: _____ COUNTY: _____
(Street or RFD)

CITY: _____ STATE: _____ ZIP CODE: _____

Business Name:

LEGAL NAME OF BUSINESS: _____

TRADING AS: _____

BUSINESS LICENSE NO.: _____ BUSINESS PHONE NO:_____
(Leave blank if New) (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: