

**VIRGINIA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES**

P. O. Box 526  
Richmond, Virginia 23218-0526

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

The annual business license fee is \$50.00. Please make check payable to: **Treasurer of Virginia. Mail (1) application, (2) check, and (3) evidence of financial responsibility to the above address.**

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

\*VIRGINIA DEPT OF AGRICULTURE & CONSUMER SERVICES       VDACS WEB PAGE       OTHER

FOR DEPARTMENT USE ONLY:

Business License No. \_\_\_\_\_

Date Keyed/by: \_\_\_\_\_

AMOUNT TO REMIT: \$50.00  
VDACS ACCT. 757-02-02438  
VDACS-07209      2/02

# VIRGINIA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES

Office of Pesticide Services  
P. O. Box 1163  
Richmond, VA 23218

## REQUEST TO TAKE THE VIRGINIA PESTICIDE BUSINESS LICENSE EXAMINATION

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 along with the (2) **\$50.00 annual business license fee** and (3) **evidence of financial responsibility**.

### PLEASE TYPE OR PRINT THE FOLLOWING INFORMATION:

#### Person taking the Virginia Pesticide Business License Exam:

SOCIAL SECURITY NO.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ HOME PHONE NO.: \_\_\_\_\_  
(Area Code)  
NAME OF APPLICANT: \_\_\_\_\_  
(Last) (First) (M.I.)  
MAILING ADDRESS: \_\_\_\_\_ COUNTY: \_\_\_\_\_  
(Street or RFD)  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
SIGNATURE: \_\_\_\_\_

#### 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: \_\_\_\_\_

#### FOR DEPARTMENT USE ONLY:

Business License No.  
Date Keyed:  
Keyed to Database by:

11/98

\*\*\*\*\* **CERTIFICATE OF INSURANCE** \*\*\*\*\*

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

# 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.