

**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) 786-1025 • 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. 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

FOR DEPARTMENT USE ONLY: Business License No.: _____ Date Keyed: _____ Keyed by: _____
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AMOUNT TO REMIT: \$150.00
VDACS ACCT. 757-09-02438
VDACS-07209 07/19