Pesticides Section
2320 S. DuPont Highway
Dover, DE 19901
Telephone (302) 698-4571
DE Only (800) 282-8685
FAX (302) 697-4483

For Departmental Use Only

Business License# _____
Certified App.# _____
Ins. Expiration _____
Service Employee(s) ☐Yes ☐No
Category(ies) _____
Approval _____

APPLICATION FOR A PESTICIDE BUSINESS LICENSE

I, _____ in accordance with the provision of Sections 1206 through 1223
(Name)
inclusive, State of Delaware Code, Title 3, Part II, Chapter 12, hereby apply for a license to operate a a pesticide application business in the name of:

_____
* Firm Name

_____
Address (principal place of business)

_____
City State Zip Code Telephone Number

EMAIL ADDRESS:_____

1. (a) If a partnership or association, the name and address of each partner or association officer:
   (1.) _____
   (2.) _____
   (b) If a corporation, please complete the following:
   (1.) Date Incorporated _____
   (2.) State Incorporated _____
   (3.) Address of principal office _____
   (4.) Name and address of resident agent _____
   _____

2. Address of branch office(s) in Delaware (or that operate in Delaware)

Address	City	State	Zip Code
Address	City	State	Zip Code
Address	City	State	Zip Code

* If an assumed name and not incorporated, enclose a notarized "Doing Business As" certificate.

3. This business applies for a license to perform Pest Control in the following categories*

** Categories defined by section 7 of the Rules and Regulations pursuant to Delaware Pesticide Law.*

Category	**Name of Certified Person In Each Category** *(Attach sheet if necessary)*
Agricultural Plant (1A)	
Agricultural Animal (1B)	
Fumigation of Soil and Ag. Products (1C)	
Forest (02)	
Ornamental and Turf (03)	
Seed Treatment (04)	
Aquatic (5A)	
Anti-Fouling Paint (5B)	
Mosquito (5C)	
Right-of-Way (06)	
General Pest Control (7A)	
Wood Destroying Pest Control (7B)	
Fumigation Pest Control (7C)	
Wood Preservatives (7D)	
Institutional & Maintenance Pest Ctrl. (7E)	
Cooling Tower Pest Control (7F)	
Miscellaneous (7G)	
Public Health (08)	
Regulatory (09)	
Demonstration and Research (10)	

4. At least one of the certified applicators must have a minimum of two years practical experience under the supervision of a certified applicator. This experience shall have been acquired during the previous three-year period, and shall be related to the license classification at issue. This requirement applies to aerial applicators and the structural pest control industry (categories 7A, 7B and 7C) only. Please provide proof of two years practical experience if application is for these categories of pest control.

5. Principal areas of state serviced:

_____

6. Amount of insurance carried **

***Certificate of Insurance with expiration date and policy number must be enclosed with the application. Minimum amount of coverage is $300,000 for Bodily Injury or Death and $100,000 for Property Damage.*

Liability: Bodily Injury or Death Each Occurrence _____

Property Damage _____

7. Have you ever had a civil judgment entered against you arising out of the application of pesticides?

☐ YES ☐ NO If yes, give particulars on a separate sheet.

8. Have you ever been arrested, convicted or fined in connection with your use of pesticides?

☐ YES ☐ NO If yes, give particulars on a separate sheet.

9. List the names of all service personnel employed by your company that are **certified** in Delaware. In order to list new employees, You must access the Delaware Learning Center online Service Employee Training.
https://stateofdelaware.csod.com/selfreg/register.aspx?c=dda-par Call 302-698-4575.

(1.)

Last Name | First Name | Middle

Address | City | State | Zip Code

Date of Birth | Social Security Number | Primary Duty

Signature of Employee

(2.)

Last Name | First Name | Middle

Address | City | State | Zip Code

Date of Birth | Social Security Number | Primary Duty

Signature of Employee

(3.)

Last Name | First Name | Middle

Address | City | State | Zip Code

Date of Birth | Social Security Number | Primary Duty

Signature of Employee

10. Non-resident pesticide applicator only:

I (we) hereby appoint

Address | City | State | Zip Code

As process agent to accept service of notice or process arising in any court from any action, criminal or civil, resulting from my (our) operations in the State of Delaware. (You may designate the Secretary of State, State of Delaware, as your agent pursuant to 3 DEL C., Section 1213. You must request approval from the Secretary of State for such designation.)

11. Please enclose check or money order for $50.00 to **Delaware Department of Agriculture** or complete credit card information section on page 4, for payment of annual license fee (January 1 through December 31).

12. This is to certify that the foregoing is true and accurate to the best of my knowledge and belief and I (we) will comply with the provisions of Title 3, Part II, Chapter 12, Sections 1206 and 1224, Annotated Code of Delaware, Pesticide Law, Revised July 29, 1999.

I further agree that I will permit any authorized agent of the Delaware Department of Agriculture to have access during all operating hours and business hours to any equipment used in or intended for use in pesticide operations, or to any premise from which I or my firm operates and to have access to books and records of pesticide applications for the purpose of investigation and administration of the provisions of law relating to the use of pesticides.

Dated this _____ day of _____ , 20 _____ .

Notary Seal

Signature of Applicant _____

Title _____

Signature (Notary) _____

Date _____

CHECK/MONEY ORDER

$50 for one year license

Make Check or Money Order

Payable to:

Delaware Department of Agriculture

NEW!!! CREDIT CARD

☐ $50 for **one** year license

☐ Visa ☐ MasterCard ☐ Discover

Billing Name: _____

Credit Card Billing Address: _____

City/State/Zip: _____

Credit Card Number: _____ *CVC # _____

Expiration Date: _____ / _____
Month Year

Authorization: _____

*This number can found on the back of your card. It is a 3 or 4 digit #.