



DELAWARE DEPARTMENT OF  
**AGRICULTURE**

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## PESTICIDE BUSINESS LICENSE APPLICATION

To apply for an annual pesticide business license covering January 1 - December 31, complete and sign the application and enclose all required documentation along with payment.

### APPLICANT INFORMATION

<b>Firm Name:</b>		
<b>Current Address for Principal Place of Business:</b>		
<b>City, State:</b>		<b>Zip Code:</b>
<b>Email:</b>		<b>Phone:</b>
<input type="checkbox"/> \$50 Annual application fee to Delaware Department of Agriculture enclosed (check, money order, or online). <input type="checkbox"/> If the firm name is an assumed name and not incorporated, include a notarized "Doing Business As" certificate. <input type="checkbox"/> Enclose Certificate of Insurance with expiration date and policy number with the application.		

If this business is a partnership or an association, list each partner or officer's name and contact information.

<b>Partner / Officer Name (1):</b>		<b>Phone:</b>
<b>Mailing Address:</b>		
<b>City, State:</b>		<b>Zip Code:</b>
<b>Partner / Officer Name (2):</b>		<b>Phone:</b>
<b>Mailing Address:</b>		
<b>City, State:</b>		<b>Zip Code:</b>

If this business is a corporation, please complete the following information.

<b>Date Incorporated:</b>		<b>State Incorporated:</b>
<b>Address for Principal Office:</b>		
<b>City, State:</b>		<b>Zip Code:</b>
<b>Name of Resident Agent:</b>		<b>Phone:</b>
<b>Mailing Address of Agent:</b>		
<b>City, State:</b>		<b>Zip Code:</b>

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

<b>Physical Address:</b>		
<b>City, State:</b>		<b>Zip Code:</b>
<b>Physical Address:</b>		
<b>City, State:</b>		<b>Zip Code:</b>
<b>Physical Address:</b>		
<b>City, State:</b>		<b>Zip Code:</b>
<b>Counties in Delaware that your firm services:</b>	<input type="checkbox"/> New Castle <input type="checkbox"/> Kent <input type="checkbox"/> Sussex	

### BUSINESS LIABILITY INSURANCE

The minimum coverage allowed for Bodily Injury or Death is \$300,000. The minimum for Property Damage is \$100,000.

<b>Bodily Injury or Death (Each Occurrence):</b>		<b>Property Damage:</b>
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7 DE REG. 601§7 DEFINES THE PEST CONTROL CATEGORIES. THIS BUSINESS APPLIES FOR A LICENSE TO PERFORM PEST CONTROL IN THE CHECKED CATEGORIES. THE PERSON(S) LISTED HAS BEEN CERTIFIED IN THE SPECIFIED CATEGORY. REGISTERED SERVICE EMPLOYEE TRAINING IS AVAILABLE ONLINE (<https://stateofdelaware.csod.com/selfreg/register.aspx?c=dda-par>).

Category	Name of Certified Person in Each Category	Category	Name of Certified Person in Each Category
<input type="checkbox"/> 1A AGRICULTURAL – PLANT		<input type="checkbox"/> 7A GENERAL PEST CONTROL	
<input type="checkbox"/> 1B AGRICULTURAL – ANIMAL		<input type="checkbox"/> 7B WOOD DESTROYING	
<input type="checkbox"/> 1C FUMIGATION OF SOILS & AG. COMMODITIES		<input type="checkbox"/> 7C FUMIGATION (NON-AG)	
<input type="checkbox"/> 02 FORESTRY		<input type="checkbox"/> 7D WOOD PRESERVATIVES	
<input type="checkbox"/> 03 ORNAMENTAL & TURF		<input type="checkbox"/> 7E INSTITUTIONAL & MAINTENANCE	
<input type="checkbox"/> 04 SEED TREATMENT		<input type="checkbox"/> 7F COOLING TOWER	
<input type="checkbox"/> 5A AQUATIC		<input type="checkbox"/> 08 PUBLIC HEALTH	
<input type="checkbox"/> 5B ANTIFOULING PAINT		<input type="checkbox"/> 09 REGULATORY	
<input type="checkbox"/> 5C MOSQUITO		<input type="checkbox"/> 10 DEMONSTRATION & RESEARCH	
<input type="checkbox"/> 06 RIGHT-OF-WAY		<input type="checkbox"/> 11 AERIAL PEST CONTROL	

**STRUCTURAL PEST CONTROL INDUSTRY PRACTICAL EXPERIENCE REQUIREMENT**

For applicators in the structural pest control industry (Categories 7A, 7B, and 7C), at least one of the certified applicators must have a minimum of two years of practical supervised experience under a certified applicator. This experience shall be acquired during the previous three-year period and shall be related to the license classification. Please provide proof of 2 years of practical experience if this application is for these categories.

**NOTARIZED STATEMENTS**

YES  NO Have you ever had a civil judgement entered against you arising out of the application of pesticides?  
If yes, include the details on a separate sheet of paper and submit with application.

YES  NO Have you ever been arrested, convicted or fined in connection with your use of pesticides?  
If yes, include the details on a separate sheet of paper and submit with application.

I, \_\_\_\_\_, hereby apply for a license to operate a pesticide application business with the firm name of \_\_\_\_\_, in accordance with the provisions of 3 Del. C. § 1206-1224.

This is to certify that the preceding information is true and accurate to the best of my knowledge and belief, and I (we) will comply with the provisions of 3 Del. C. § 1206-1224.

I further agree 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 my firm or I operate, and to have access to books and records of pesticide applications for investigation and administration of the provisions of law relating to the use of pesticides.

**Notary Seal**

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

**Applicant's Signature:** \_\_\_\_\_

**Applicant's Title:** \_\_\_\_\_

**Notary's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_