

New York State Department of Environmental Conservation

Division of Materials Management

Bureau of Pest Management, 9th Floor

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Department of
Environmental
Conservation

PESTICIDE BUSINESS AND AGENCY REGISTRATION APPLICATION INSTRUCTIONS

GENERAL INSTRUCTIONS:

A pesticide business or agency cannot apply pesticides without a valid pesticide business or agency registration.

Each business location offering, advertising or providing the services of commercial application of pesticides either entirely or as part of the business, and each agency that applies pesticides, must register with the Department.

Businesses must register each location with a separate application and pay the registration fee for each place of business. Businesses offering, advertising or providing the services of commercial application of pesticides under more than one business name must register and pay the registration fee for each business name at each place of business. However, businesses may list more than one assumed name (DBA or AKA) on a single registration application.

Note that the registration expiration date is determined by the DEC Region and/or county in which a business or agency is located. Fees will not be prorated for any part of a registration period. The registration period is for three years. To determine your Region see <http://www.dec.ny.gov/about/50230.html>

Region 1 (Nassau): October 31; **Region 1 (Suffolk):** December 31; **Region 2:** February 28; **Region 3:** April 30; **Region 4:** June 30; **Region 5:** June 30; **Region 6:** June 30; **Region 7:** July 31; **Region 8:** August 31; **Region 9:** September 30; **Out of State:** June 30

Renewal applications should be mailed at least 30 days before your registration expires to avoid a lapse in registration.

INSTRUCTIONS FOR COMPLETING THE APPLICATION FORM:

The following directions should be followed carefully in completing the pesticide business and agency registration application. Fill in all required information. The numbers of the directions correspond to the numbered blocks on the registration application. Your application will be returned if it is not completed correctly. Please type or print legibly.

- 1a. Indicate if registration is new or a renewal. If a renewal, write the current registration number in the box. Note: the registration number is not the number on a pesticide business registration decal.
- 1b. Check whether the registration is for a commercial business, fee exempt agency or agency. An agency means any State agency, municipal corporation, public authority, college, railroad, telegraph, telephone, pipeline, gas or electric corporation which applies pesticides. If all agency pesticide applications are performed by registered commercial businesses, the agency does not have to register. Only agencies which are State agencies, municipal corporations (including school districts), public authorities or colleges are fee exempt.
2. Provide complete legal name of business or agency and all DBA's, AKA's, etc. These are the only business names that can be used on advertisements and on contracts for pesticide application services.
3. Provide mailing address. Include street or post office box, two letter State abbreviation, and zip code.
4. Provide street address, if different from mailing address. Include street, two letter State abbreviation, and zip code.
5. Provide the name of the county where your business or agency is located.

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6. Provide the business or agency telephone number, including area code.
7. Please enter the e-mail address for the Applicant or Authorized Representative of the business or agency. Email addresses will not be posted on the DEC website unless authorized by the applicant.
8. List each location where you store pesticides, pesticide application equipment or application records, if the location(s) are different from the address in box 3 or 4.
9. Check business ownership type, or type of agency.
10. Individual owners supply your name and title. Corporations and Partnerships supply the names and titles of the president, vice-president, secretary and treasurer. Managers of Limited Liability Corporations supply your name and title. Government agencies, school districts and colleges must list appropriate officials by name and title.
11. List the name of **all** persons (i.e. apprentices, technicians, or applicators) who apply pesticides and are employed by the business or agency. If the person is certified, include their NYS certification ID number, expiration date of their certification card and their certification category(s). If you employ more than ten persons who apply pesticides, attach a sheet listing those employees. Business owners who are certified must enter their certification information. Except as noted below, each agency applying pesticides and each business providing the services of commercial application of pesticides, must employ a certified commercial pesticide applicator or technician, certified in the proper application category at each location required to be registered. If a registered business or agency is applying pesticides in Category 1 - Agriculture, Category 5 - Aquatics, Category 7 - Industrial, Institutional, and Structural or applying pesticides by aircraft, they must employ at least one certified commercial pesticide applicator, certified in the category that corresponds with the type of application. An Aquatic Antifouling Paint Business may employ or contract with a certified antifouling paint applicator, a pesticide applicator or pesticide technician. **Do not leave this box blank or the application will be rejected.**
12. List all the NY certification categories/subcategories that describe the type of pesticide applications performed by your business or agency.
13. Vehicles transporting pesticides and commercial pesticide applicator equipment need pesticide identification stickers. Small pieces of hand held or portable equipment such as 2 gallon sprayers, back pack sprayers or push spreaders do **not** require such stickers. Specify the number of vehicles (including trailers) used to transport pesticides or application equipment that will require pesticide stickers.
14. **Each business must provide a valid certificate of general liability insurance (this is not vehicle or workers compensation insurance).** Agencies are not required to submit insurance certificates. Minimum insurance requirements are \$1,000,000 each occurrence; **or** \$300,000 individual, \$1,000,000 per incident bodily injury and \$300,000 property damage insurance. The Department will accept insurance coverage afforded by: 1) insurers classified by the New York State Insurance Department (NYSID) as licensed; 2) insurers listed as an ELANY Eligible E&S insurers; and 3) insurers that have reinsurance with an insurer that is listed in the NYSID Directory of Regulated Companies. Valid certificates show coverage currently in effect and names the DEC Albany office as certificate holder. Certificate should list insurance company name, NAIC number, policy number and expiration date. **Do not send a Policy Binder or "Declarations Page"**.
15. This form must be signed by an appropriate business or agency official with full legal authority to sign the application on behalf of the applicant. Examples of an authorized representative include, but are not necessarily limited to, business owner, corporate officer, director, manager, member, partner, agency administrator etc. The applicant is legally accountable for the content of the application, and legally responsible for complying with all applicable statutory and regulatory requirements of a business or agency registration. This section must be notarized; the Notary must provide their notary stamp, I.D. number and the date their commission expires.

HAVE YOU?

- Enclosed a check or money order in the amount of \$900 made payable to COMMISSIONER of NYSDEC?
- Enclosed a copy of a valid general liability insurance certificate?

MAIL THE COMPLETED **ORIGINAL** APPLICATION TO:
NYSDEC Bureau of Pest Management
Pesticide Reporting & Certification Section
625 Broadway
Albany, NY 12233-7254



For Office Use Only		
Reg # _____	Region _____	Exp Date _____

PESTICIDE BUSINESS OR AGENCY REGISTRATION APPLICATION

The undersigned hereby applies for a Business or Agency Registration pursuant to Article 33 of the Environmental Conservation Law. **Type or print clearly.**

1a. New Or Renewal If a renewal enter your current registration number: _____	1b. Check appropriate box Commercial Business - \$900 / 3 yrs Agency - Fee exempt Agency - \$900 / 3 yrs Make check payable to: Commissioner of NYSDEC	
2. FULL LEGAL NAME OF BUSINESS OR AGENCY TO BE REGISTERED (include all assumed "D.B.A.." or "A.K.A." names)		
3. MAILING ADDRESS (Street, P.O. Box, Etc.)		
City _____	State _____	Zip Code _____
4. PHYSICAL LOCATION ADDRESS (Required if different from mailing address) Street address _____		
City _____	State _____	Zip Code _____
5. COUNTY	6. TELEPHONE # (_____) _____ - _____ Extension _____	
7. EMAIL ADDRESS OF APPLICANT OR AUTHORIZED REPRESENTATIVE		
8. LIST SEPARATELY BELOW THE ADDRESS OF YOUR PESTICIDE STORAGE AREAS, EQUIPMENT STORAGE AREAS AND RECORD STORAGE AREAS IF THE LOCATIONS ARE DIFFERENT FROM BLOCKS 3 AND 4 (A) Pesticide Storage and Equipment Storage Area(s): _____ (B) Pesticide Records Storage Area: _____		
9. CHECK YOUR TYPE OF BUSINESS OWNERSHIP, OR CHECK GOVERNMENT AGENCY, SCHOOL / COLLEGE AS APPROPRIATE Sole proprietor Partnership Corporation LLC Government Agency School or College Other _____		
10. INDIVIDUAL OWNERS, PARTNERSHIP MEMBERS, CORPORATION OFFICERS, MANAGERS OF LLCs, AGENCY OFFICIALS, OTHER		
<u>Name</u>	<u>Position / Job Title</u>	<u>Mailing Address, If different from Box 4</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

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