

New York State Department of Environmental Conservation

Division of Materials Management

Bureau of Pest Management

625 Broadway 9th Floor, Albany, New York 12233-7254

Phone: (518) 402-8748 Website: www.dec.ny.gov



Department of
Environmental
Conservation

PESTICIDE AGENCY REGISTRATION APPLICATION

THIS FORM NOT TO BE USED BY BUSINESSES APPLYING PESTICIDES FOR-HIRE OR AGENCIES THAT ARE NOT FEE EXEMPT

An agency that applies pesticides must register with NYSDEC. Agencies required to register include state, county, and municipal agencies, public school districts, and colleges and universities. Such agencies are fee exempt. The registration period is for three years. **Renewal applications should be mailed at least 30 days before your registration expires to avoid a lapse in registration.**

Mail this **original** completed application to

NYSDEC Pesticide Reporting and Certification Section
625 Broadway 9th Floor
Albany, NY 12233-7254

If you have any questions, please call 518-402-8748 or email pestmgt@dec.ny.gov

Read all directions carefully as you complete the registration application. Fill in all required information. Your application will be returned if it is not completed correctly. Please type or print legibly. **Photocopies or scanned applications will not be accepted.**

1. _____ New Or _____ Renewal If a renewal, enter your current registration number: _____												
2. Agency Name. For the Legal Name please provide the name of the State Agency, the name of the Municipality, or the name of the College or School District. For the Department/Facility provide the name of department or facility making the pesticide applications (example: Dept. of Public Works, Town Golf Course, etc.) Legal Name _____ Department/Facility (If none leave blank) _____												
3. Agency Address. Provide the physical address of the agency and mailing address if it different than the physical address. Include any suite or unit numbers. Physical Address: Street Address _____ City _____ State _____ Zip Code _____ County _____ Mailing Address: (If it is the same as the physical address leave blank) Street Address or PO Box _____ City _____ State _____ Zip Code _____												
4. Contact Information. Who should the DEC contact if we have questions about this application? Name _____ Phone Number (_____) _____ - _____ Extension _____ Email Address _____												
5. Agency Officials. All agencies must provide the names and titles of appropriate agency officials. <table border="1"><thead><tr><th>Name</th><th>Position / Job Title</th><th>Name</th><th>Position / Job Title</th></tr></thead><tbody><tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr></tbody></table>	Name	Position / Job Title	Name	Position / Job Title	_____	_____	_____	_____	_____	_____	_____	_____
Name	Position / Job Title	Name	Position / Job Title									
_____	_____	_____	_____									
_____	_____	_____	_____									

For NYSDEC Official Use Only		
Registration Number _____	Region _____	Expiration Date _____
Decals Issued _____	From _____	To _____

