

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 suit 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 _____

6. Pesticide, Equipment, and Records Storage.

Does your agency store pesticides, application equipment, or records at a location different than box 4? Yes No

If YES provide the address or addresses below. Attach additional sheet if necessary.

Pesticide and/or equipment storage address:

Pesticide records storage address:

7. Vehicles transporting pesticides and commercial pesticide applicator equipment need pesticide identification decals. Small pieces of hand held or portable equipment such as 2 gallon sprayers, back pack sprayers or push spreaders do **not** require such decals.

Specify the **number of vehicles** (including trailers) used to transport pesticides or application equipment: _____

8. Categories of Pesticide Operation. Indicate which pesticide categories the agency operates in, check all that apply. For categories marked with an * the agency must employ an applicator certified in that category, for all other categories the agency must employ an applicator or a technician certified in that category.

- | | | |
|--|---|---|
| <input type="checkbox"/> 1a Agricultural Plant* | <input type="checkbox"/> 5a Aquatic Vegetation Control* | <input type="checkbox"/> 7c Termite* |
| <input type="checkbox"/> 1b Agricultural Animal* | <input type="checkbox"/> 5b Aquatic Insect Control* | <input type="checkbox"/> 7d Lumber & Wood Products* |
| <input type="checkbox"/> 1c Companion Animal* | <input type="checkbox"/> 5c Aquatic Fish Control* | <input type="checkbox"/> 7f Food Processing* |
| <input type="checkbox"/> 1d Fumigation of Soil & Ag Commodities* | <input type="checkbox"/> 5d/13 Aquatic Antifouling Paints | <input type="checkbox"/> 7g Cooling Towers, Pulp & Paper Process* |
| <input type="checkbox"/> 2 Forest Pest Control | <input type="checkbox"/> 5e Sewer Line Root Control* | <input type="checkbox"/> 8 Public Health Pest Control |
| <input type="checkbox"/> 3a Ornamentals, Shade Trees & Turf | <input type="checkbox"/> 6a Right-of-Way Vegetation Control | <input type="checkbox"/> 9 Regulatory Pest Control |
| <input type="checkbox"/> 3b Turf | <input type="checkbox"/> 6b Right-of-Way in Place Pole Treatments | <input type="checkbox"/> 10 Demonstration & Research Pest Control |
| <input type="checkbox"/> 3c Interior Plant Maintenance | <input type="checkbox"/> 7a Structural & Rodent Control* | <input type="checkbox"/> 11 Aerial Pest Control* |
| <input type="checkbox"/> 4 Seed Treatment | <input type="checkbox"/> 7b Fumigation* | |

9. Employees that apply pesticides. List **all** certified commercial pesticide applicators, certified commercial pesticide technicians, commercial pesticide apprentices or antifouling paint applicators employed by the agency. Please provide the ID number, card expiration date and certification categories of the certified pesticide applicators and technicians. List the names of all trained Apprentices. **Attach additional sheet if necessary.** Contractors or consultants cannot make or supervise pesticide applications.

Name of Applicator, Tech, or Apprentice	New York Certification Number	Certification Expiration Date	Certification Categories
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

10. Applicant/Authorized Representative Acknowledgment.

This form must be signed by an appropriate agency official with full legal authority to sign this application on behalf of the agency. **The signature of the applicant must be notarized.** The applicant is legally accountable for the content of the application, and legally responsible for complying with all applicable statutory and regulatory requirements of an agency registration.

I declare and affirm that the information provided in this application, including accompanying documents, are accurate, true, complete and correct to the best of my knowledge and belief. I understand that any false or misleading information in, or in connection with, this application may be cause for denial or loss of registration, and are punishable pursuant to the applicable provisions of the New York State Penal Law. I further affirm that I have read and understand the application, instructions, and the provisions of Article 33 of the ECL and the rules and regulations promulgated thereunder.

_____ Print Applicant Name

_____ Official Title

_____ Applicant Signature

Sworn to before me this _____ day of _____ year _____

_____ Notary Public Signature

_____ Notary Public Stamp