

# New York State Department of Environmental Conservation

## Division of Materials Management

### Bureau of Pest Management

625 Broadway 9<sup>th</sup> Floor, Albany, New York 12233-7254

Phone: (518) 402-8748 Website: [www.dec.ny.gov](http://www.dec.ny.gov)



Department of  
Environmental  
Conservation

## PESTICIDE BUSINESS REGISTRATION APPLICATION

BUSINESSES APPLYING PESTICIDES FOR-HIRE

Each business location offering, advertising or providing the services of commercial application of pesticides either entirely or as part of the business must register with the Department of Environmental Conservation. Non fee exempt agencies (per 6NYCRR Part 325.23) must use this form.

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.

The registration expiration date is determined by the DEC Region and/or county in which a business 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>

The expirations dates are:

**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 must be mailed at least 30 days before your registration expires to avoid a lapse in registration.**

These directions should be followed carefully in completing the pesticide business registration application. Fill in all required information.

**Your application will be returned if it is incomplete or not completed correctly.** Please type or print legibly.

**Payment Instructions:** The registration/renewal fee is \$900.00. **Do not submit your payment when you submit your application.** After your application is reviewed and accepted **you will be sent an invoice.** Once you receive your invoice you will be able to pay online with a credit card, debit card, or e-check, or you can pay by mail with a check or money order. After your payment is received your registration will be issued.

<b>1. _____ New Or _____ Renewal</b> If a renewal, enter your current registration number: _____
<b>2. Business Name.</b> Provide the complete legal name of business and all doing business as (DBA) or assumed names. These are the only business names that can be used on websites or advertisements and on contracts for pesticide application services. For the legal name provide the Corporate, LLC, or Partnership name, if the business is a Sole Proprietorship provide the name of the owner.  Legal Name _____  DBA Names (If none leave blank) _____
<b>3. Business Address.</b> Provide the physical address of the business and mailing address if it different than the physical address. Include any suite, unit, or apartment numbers. A PO Box, UPS Store, or other mail box service cannot be used as the physical address. <b>Physical Address:</b> Street Address _____  City _____ State _____ Zip Code _____ County _____ <b>Mailing Address:</b> (If it is the same as the physical address leave blank) PO Box or Street Address _____  City _____ State _____ Zip Code _____
<b>4. Main Business Phone Number.</b> (_____) _____ - _____

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



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**11. Liability Insurance.** All businesses must provide a certificate of liability insurance. Do not send vehicle or workers compensation insurance. **Binders or policy declarations are not acceptable.** The Department will accept insurance coverage afforded by: 1) insurers classified by the New York State Department of Financial Services (NYDFS) as licensed; 2) insurers listed as an ELANY Eligible E&S insurers.

- Minimum commercial general liability insurance requirements are \$1,000,000 each occurrence or \$1,000,000 per incident bodily injury.
- The business name & address on the insurance certificate must be exactly the same as on this application form.
- NYS DEC Pesticide Reporting and Certification Section, 625 Broadway, Albany, NY 12233-7254 must be listed as the certificate holder.
- Insurance policies that expire in less than 30 days will not be accepted.

\_\_\_\_\_ I have attached the certificate of insurance.

**12. Contact Information.** Who should the DEC contact if we have questions about this application?

Name \_\_\_\_\_ Phone Number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Extension \_\_\_\_\_

Email Address \_\_\_\_\_

**13. Applicant/Authorized Representative Acknowledgment**

This form must be signed by an appropriate business official with full legal authority to sign this application on behalf of the applicant. **The signature of the applicant must be notarized.** If the business is a sole proprietor the form must be signed by business owner, if the business is a partnership the form must be signed by a business partner, if the business is a corporation or LLC the form can be signed by an owner, corporate officer, director, manager, member, partner, etc. Applications signed by administrative assistants, secretaries, or office managers will not be accepted. 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 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
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Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ year \_\_\_\_\_

\_\_\_\_\_

Notary Public Signature	Notary Public Stamp
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Before mailing this application have you

- Completed **all** 13 boxes? Incomplete applications will be rejected.
- Included the names of ALL employees, including apprentices, who make pesticide applications in box 10?
- Included a certificate of liability insurance?

Mail this **original** completed application and insurance certificate to:

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

After your application is reviewed and accepted by the Pesticide Reporting and Certification Section an invoice will be sent to you by the NYSDEC Revenue Accounting Unit. You will be able to pay online with a credit card, debit card, or e-check, or you can pay by mail with a check or money order. If you do not pay the invoice within 30 days, you will be required to submit a new application. Your registration certificate will be issued after full payment is received.

**Photocopies or scanned applications will not be accepted.**

If you have any questions, please call 518-402-8748 or email [pestmgt@dec.ny.gov](mailto:pestmgt@dec.ny.gov)