

New York State Department of Environmental Conservation

Division of Materials Management

Bureau of Pesticides Management

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

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



Department of
Environmental
Conservation

COMMERCIAL PERMIT APPLICATION FOR THE SALE OR DISTRIBUTION OF RESTRICTED USE PESTICIDES

NOTE: If you apply pesticides for-hire in New York State, please complete the Pesticide Business Application.

Environmental Conservation Law Article 33 Section 33-0901 requires a Commercial Permit for the distribution, sale, offer for sale, purchase or possession for the purpose of resale of a restricted use pesticide. A Commercial Permit is required by all pesticide registrants and dealers who sell or ship restricted-use pesticides within or into New York State. The Commercial Permit is issued to the specific business named in box 2. Dealers or registrants that conduct business under more than one name must obtain a Commercial Permit for each business name. A separate Commercial Permit is required for each location in New York State. Out-of-State dealers or registrants with no sales or distribution location in New York State need one Commercial Permit.

Any person who engages in the sale of a restricted use pesticide shall be certified by the Commissioner. **Each business requiring a Commercial Permit must employ at least one applicator who is certified in New York State throughout the term of the Commercial Permit.**

All Commercial Permit holders are required to file annual reports of:

(A) The sales of restricted use pesticide products and

(B) The sales of general use pesticide products to private applicators for use in agricultural crop production.

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

These directions should be followed carefully in completing the 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 \$600.00. **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 permit will be issued.

1. ____ New Or ____ Renewal If a renewal, enter your current commercial permit number: _____
2. Business Name. Provide the complete legal name of business and all doing business as (DBA) or assumed names. 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) _____
3. Business Address. Provide the physical address of the business and mailing address if it different than the physical address. Include any suite, unit, or apartment 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. Main Business Phone Number. (_____) _____ - _____
5. Select the type of ownership for this business. ____ Sole proprietor ____ Partnership ____ Corporation or S-Corp ____ LLC ____ Other _____

Continued on next page.

For NYSDEC Official Use Only		
Permit Number _____	Region _____	Expiration Date _____

6. Business Owners and Corporate Officers. All businesses must provide the names of all business owners, corporations or LLC's must also provide the names of corporate officers or LLC managers. Attach additional sheet if necessary.

Owners			Corporate Officers		
Name	Ownership Percentage		Name	Position / Job Title	
_____	_____		_____	_____	
_____	_____		_____	_____	
_____	_____		_____	_____	

7. Pesticide and Records Storage. Does your business store pesticides or records at a location different than box 3? _____ Yes _____ No
If YES provide the address or addresses below. Attach additional sheet if necessary.

Pesticide storage address: _____

Pesticide records storage address: _____

8. Categories of Pesticide Sales. Indicate which pesticide products the business sells, check all that apply.

- Agricultural Pesticides Horticultural Pesticides Forestry & Right-of-Way Pesticides
 Aquatic Pesticides Structural Pesticides Public Health Pesticides

9. Certified Applicator. List the certified pesticide applicator employed by the business. The certified applicator must be an employee of the business and maintain current NY certification throughout the term of this Commercial Permit. Contractors or consultants are not acceptable employees. **The certified applicator must personally sign the form** to acknowledge that they are aware that their certification is being used to obtain a Commercial Permit. The submitted application must include the certified applicator's **original signature**.

Name of Applicator	New York Certification Number	Certification Expiration Date	Applicator Signature
_____	_____	_____	_____

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

Name _____ Phone Number (_____) _____ - _____ Extension _____

Email Address _____

11. 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

Sworn to before me this _____ day of _____ year _____

_____	_____
Notary Public Signature	Notary Public Stamp

Mail this **original** completed application to:
 NYSDEC Pesticide Reporting and Certification Section
 625 Broadway 9th 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 permit 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