

New York State Department of Environmental Conservation

Division of Materials Management

Bureau of Pest Management, 9th Floor

625 Broadway, Albany, New York 12233-7254

Phone: (518) 402-8748 • Fax: (518) 402-9024

Website: www.dec.ny.gov



Department of
Environmental
Conservation

For DEC Use Only

R0

Region

Exp Date

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

This form is not to be used for Business Registration.

1a. <input type="checkbox"/> New Or <input type="checkbox"/> Renewal If a renewal enter current commercial permit number: R 0 _____		1b. <input type="checkbox"/> Enclosed check for Commercial Permit fee - \$600 / 2 yrs (Make check payable to the Commissioner of NYSDEC)	
2. FULL LEGAL NAME OF APPLICANT'S BUSINESS (include all assumed "D.B.A." names)			
3. MAILING ADDRESS STREET, PO BOX, ETC.			
CITY		STATE	ZIP CODE
4. PHYSICAL LOCATION ADDRESS (Required if different from mailing address) STREET			
CITY		STATE	ZIP CODE
5. COUNTY		6. TELEPHONE EXTENSION	
7. E-MAIL ADDRESS			
8. ADDITIONAL LOCATIONS (Separate applications are required for EACH location in New York State) <input type="checkbox"/> Yes <input type="checkbox"/> No List Locations:			
9. LIST SEPARATELY BELOW THE LOCATIONS OF YOUR PESTICIDE STORAGE AREA AND RECORDS STORAGE AREA, IF DIFFERENT FROM BLOCKS 3 AND 4 (A) Pesticide storage area(s) (B) Records storage area(s)			
10. NY CERTIFIED APPLICATOR EMPLOYED BY THIS BUSINESS: List below the certified pesticide applicator, employed by the business. Provide the ID number, card expiration date and original signature of the Certified Applicator. The Certified Applicator must be an employee of the business and maintain current NY certification throughout the term of this Commercial Permit.			
Pesticide Applicator Name	New York Certification ID Number	Certification Expiration Date	Applicator Signature
_____	_____	_____	_____

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11. CHECK ALL THE CATEGORY(IES) THAT DESCRIBE YOUR PESTICIDE PRODUCT SALES:

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

12. CHECK YOUR FORM OF BUSINESS OWNERSHIP:

- Sole proprietor Partnership Corporation LLC Other _____

13. INDIVIDUAL OWNERS, MEMBERS OF PARTNERSHIPS, OFFICERS OF CORPORATIONS, MANAGERS OF LLCs, OTHER

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

14. APPLICANT / DULY AUTHORIZED REPRESENTATIVE ACKNOWLEDGMENT

This form must be signed by an appropriate company or agency official. Examples include business owner, corporate officer, etc.

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 the Commercial Permit, 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.

Applicant Name (Print) Official Title Applicant Signature

Sworn to before me this _____ day of _____ year _____

Notary Public

Notary Public Stamp Here

Mail the ORIGINAL notarized application and the \$600 fee.

**Mail to: New York State Department of Environmental Conservation
Bureau of Pest Management
625 Broadway
Albany, New York 12233-7254**

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

General Information:

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

Environmental Conservation Law Article 33 Section 33-0901 requires a Commercial Permit for the distribution, sale, offer for sale, purchase for the purpose of re-sale 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 block 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 Commercial Permit expires to avoid a lapse in the permit.

INSTRUCTIONS FOR COMPLETING THE APPLICATION FORM:

Follow the directions below to complete the **Commercial Permit** application. Fill in all required information. The numbers of the directions correspond to the numbered blocks on the application. Your application will be returned if it is not completed correctly. Please type or print legibly.

- 1a. If you do not have a Commercial Permit and are applying for the first time, check New. If you currently have a Commercial Permit and wish to renew it, check Renewal and enter your previously assigned Commercial Permit number.
- 1b. Check box and enclose the fee of \$600.00 per Commercial Permit per location. Make check payable to the Commissioner of NYSDEC.

2. Enter the full legal name of the business (including any assumed "d.b.a." name): if you are renewing and the business name has changed, please indicate correct name.
3. Enter your mailing address. This should be the address you use to receive mail. Use the two letter abbreviation for your state.
4. Enter physical location address of the facility from which your business sells restricted pesticides. Use the two letter abbreviation for your state.
5. Enter the county of the business physical location.
6. List the telephone number of the business location.
7. Enter e-mail address here.
8. Are there additional locations? Check Yes or No. If you checked Yes, list the addresses of the additional locations and submit a permit application for each location in New York State.
- 9A. The Commercial Permit holder is required to have adequate facilities for the storage and distribution of restricted pesticides. If the address of your pesticide storage area location is different from the address listed in block 4, list the complete address of the storage area here.
- 9B. The holder of a Commercial Permit must maintain, for a minimum of three years and make available to the Department upon request, records of restricted pesticides acquired or sold. If the address of your record storage area is different from the address listed in block 4, list the complete address here.
10. List the certified applicator employed by your business, the applicator's New York State pesticide applicator certification ID number and expiration date. 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.**
11. Check the appropriate boxes that describe the pesticide products you sell.
12. Check the business ownership type.
13. Individual owners supply your name and job title. Corporations and Partnerships supply the names of the president, vice-president, secretary and treasurer. Managers of Limited Liability Corporations supply your name and job title.
14. This form must be signed by an appropriate company official and notarized.

Complete applications should be mailed to the address on the top of the application form.

Incomplete applications will be returned.