VIRGINIA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES OFFICE OF PESTICIDE SERVICES

P. O. Box 526 • Richmond, VA 23218
102 Governor Street, Lower Level, Richmond, VA 23219
Phone: (804) 786-3798 • Fax: (804) 786-9149 • www.vdacs.virginia.gov

POWER OF ATTORNEY

The following is for use by non-Virginia residents in designating an agent upon whom service of process (summons to court, etc.) may be had in the event of any suit against such non-resident person. You, as a non-resident pesticide applicator, may designate either the Secretary of the Commonwealth of Virginia as that agent or a duly appointed resident agent by completing and filing the following information.

Please complete and mail	to the above address.		
KNOWN ALL MEN BY THE	SE PRESENT: THAT		
residing at		(Applicant's name and address)	
does hereby make, co			
OR	(Name and A	ddress of agent)	
successor or successors i processes against said no that any lawful process ag	n office to be the true and lawful n-resident person may be served	TARY OF THE COMMONWEALTH OF VIRGINIA, and his agent and attorney-in-fact upon whom all legal is, and the said person hereby stipulates and agrees ally served on said agent and attorney-in-fact shall be son.	
	e said person has executed and	subscribed this Power of Attorney , 20	
	ATTES1	·:	
(Applicant'	s Signature)	(Witness's Signature)	
State of	City (or Co	unty) of,	
l,		, a Notary Public in and for the State	
and city or county aforesa	id, hereby certify that		
		(Applicant's Name)	
		whose names are signed to the foregoing Power	
(Witness's of Attorney, have acknowl		city or county aforesaid. Given under my hand	
and official seal this	day of		
Notary Public:			
My Commission Expires:			
		Affix Official Seal	