

**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](http://www.vdacs.virginia.gov)

**APPLICATION FOR VIRGINIA PESTICIDE BUSINESS LICENSE**  
to sell, distribute, store, apply, or recommend pesticides for use.

The annual business license fee is \$150.00. Please make check payable to: **Treasurer of Virginia. Mail (1) application, (2) check, and (3) evidence of financial responsibility to the above address.** If you have any questions, please call Reba Gilliam at 804-786-1025.

Licenses expire on March 31 each year. Licenses renewed after March 31 each year are subject to a 20 percent late fee.

**Please type or print the following information:**

LEGAL NAME OF BUSINESS: \_\_\_\_\_

TRADING AS: \_\_\_\_\_

FEDERAL IDENTIFICATION NUMBER: \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ CITY: \_\_\_\_\_

COUNTY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

NAME OF AUTHORIZED REPRESENTATIVE: \_\_\_\_\_

TITLE: \_\_\_\_\_ BUSINESS PHONE NO. \_\_\_\_\_

I certify that I understand my legal responsibilities for the use, supervision of use, sale, distribution, or storage of pesticides, and that if I sell pesticides, I will sell restricted use pesticides only to individuals who possess a valid pesticide applicators certificate, or to their representative.

SIGNATURE OF REPRESENTATIVE: \_\_\_\_\_ DATE: \_\_\_\_\_

**This business will engage in the following (CHECK ALL THAT APPLY):**

\_\_\_\_ SELLING GENERAL USE PESTICIDES      \_\_\_\_ DISTRIBUTION      \_\_\_\_ **APPLYING PESTICIDES\***  
\_\_\_\_ STORAGE      \_\_\_\_ BULK STORAGE  
\_\_\_\_ **RECOMMENDING FOR USE ANY PESTICIDE\***      \_\_\_\_ **SELLING RESTRICTED USE PESTICIDES\***

**\*Requires a certified commercial applicator to be employed; provide information below:**

Name of Applicator: \_\_\_\_\_ Certificate Number: \_\_\_\_\_

ATTACH A COPY OF THE LIABILITY INSURANCE CERTIFICATE TO THE APPLICATION

BUSINESS PHYSICAL LOCATION ADDRESS:

STREET: \_\_\_\_\_ CITY: \_\_\_\_\_

COUNTY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

BUSINESS BILLING ADDRESS IF DIFFERENT FROM ABOVE:

STREET: \_\_\_\_\_ CITY: \_\_\_\_\_

COUNTY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HOW DID YOU LEARN ABOUT THIS REQUIREMENT? (CHECK ALL THAT APPLY):

\_\_\_\_ CALL TO VDACS\*      \_\_\_\_ EXTENSION      \_\_\_\_ PESTICIDE SUPPLIER  
\_\_\_\_ VDACS\* INVESTIGATOR      \_\_\_\_ RETAIL DISPLAY      \_\_\_\_ VDACS WEB PAGE  
\_\_\_\_ OTHER

\*VIRGINIA DEPT OF AGRICULTURE & CONSUMER SERVICES

<b>FOR DEPARTMENT USE ONLY:</b> Business License No.: _____ Date Keyed: _____ Keyed by: _____
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AMOUNT TO REMIT: \$150.00

VDACS ACCT. 757-09-02438

VDACS-07209      07/18