

Instructions for Obtaining and Maintaining a Virginia Pesticide Business License

Who must hold a Virginia Pesticide Business License?

The Virginia Pesticide Control Act defines a pesticide business as “any person engaged in the business of: distributing, applying or recommending the use of a product; or storing, selling, or offering for sale pesticides directly to the user.” The Act requires any business operating in Virginia that fits this description to be licensed by the Office of Pesticide Services in the Virginia Department of Agriculture & Consumer Services. Typical licensed pesticides businesses include:

- Pest management firms (exterminators)
- Lawn care companies that apply herbicides, insecticides, or fungicides as part of their services
- Retailers, distributors or dealers that sell pesticide products unless exempted by regulation (see below)

Certain businesses that meet this definition have been exempted by regulation from the requirement to have a license:

- Retailers of limited quantities (sales of less than \$50,000 annually per outlet) of general use pesticides primarily intended for limited household use. **Note:** Retailers of products that are labeled for other uses (i.e. Agricultural, Commercial, Institutional, Industrial, etc.) **are not** exempt from the license requirement.
- Providers of janitorial, cleaning or sanitizing services using only sanitizers, disinfectants, and germicides.

This license requirement is separate from any “business license” required by localities.

Requirements for licensing:

- **Application:** Submit the enclosed application form, along with a check or money order for \$150.00.
- **Certification of liability insurance:** Submit a current certificate of insurance showing that the firm has liability insurance coverage that meets state requirements (see below).
- **Designated commercial applicator:** All businesses that apply or recommend pesticides commercially, or sell restricted-use pesticides, must designate a certified commercial applicator in their employ to be responsible for the safety of pesticide applications, recommendations, or sales.
- **Pesticide Business License Exam:** If a **retailer of general use pesticides** does not have a commercial applicator on staff, a designated employee must take and pass the Virginia Pesticide Business License Exam (see below).
- **All licenses expire March 31 each year, and must be renewed annually.**
- **Each business location must have a separate license.**

CERTIFICATION OF INSURANCE COVERAGE:

Each applicant and licensed businesses must provide a certificate of liability insurance to the Office of Pesticide Services, and maintain a liability insurance policy, from a person authorized to do business in Virginia, protecting persons who may suffer legal damages resulting from the use of any pesticide by the applicant.

The certificate of insurance must include: the name of the insurance company, policy number, insurance amount, type of coverage afforded, any exclusions relating to damage arising from the use of pesticides, and expiration date of the policy. The policy must cover liability arising out of the handling, storage, application, use or misuse, or disposal of any pesticide. It must also cover liability relating to completed operations.

The **amount of coverage** must be a minimum of \$100,000 for property damage, and \$100,000 for personal injury or death of one person; and \$300,000 per occurrence. This coverage must be maintained at all times during the license period. OPS must be notified at least 10 days prior to any reduction at the request of the licensee or cancellation of the policy by the insurer.

The licensee must provide a current certificate of insurance to the Office of Pesticide Services at each insurance renewal date, or at any change of insurer.

MAINTAINING YOUR BUSINESS LICENSE:

All licenses expire March 31 each year, and must be renewed annually. To maintain a certificate, you must submit an application for renewal and the annual fee by March 31 to the Office of Pesticide Services. Late applications will be charged a 20% penalty. You should ensure that all information on your renewal application is still correct. Include a copy of your latest certification of insurance with your renewal application.

THE VIRGINIA PESTICIDE BUSINESS LICENSE EXAM:

Do not complete the *Request to take the Pesticide Business License Exam* form unless your business only sells pesticides and is not required to have a certified commercial applicator employed.

Request to take the Pesticide Business License Exam:

If your firm does not sell restricted use pesticides or make recommendations, you do not need to have a certified commercial applicator to get a Pesticide Business License. Your business must, at a minimum, have an employee take and pass the Virginia Pesticide Business License Exam. You should apply for this examination at the same time as you submit the Application for a Pesticide Business License. There is no fee for this examination.

Study Manual for the Pesticide Business License Exam:

The exam is based on the material in the Virginia Core Manual "Applying Pesticides Correctly." You may order the Virginia Core Manual, Publication # 456-210, from the Virginia Cooperative Extension. To order the manual visit <https://vtp.ento.vt.edu/> where you can submit an order online using a credit card. Questions about ordering manuals can be directed to staff members of Virginia Tech's Pesticide Programs (VTPP) at 540-231-6543 or help@vtp.ento.vt.edu.

Notice of Authorization for the Pesticide Business License Exam:

Once your complete application is received, the Office of Pesticide Services will send you a letter confirming the receipt of your application and authorizing you to take the exam. This Notice of Authorization must be presented at the testing center, along with photo identification. Qualified applicants have 90 days from the date of the letter to sit for the examination. If your Notice of Authorization expires before you have taken the exam, you must reapply.

Testing:

The Virginia Pesticide Business License examination is a written examination. It is administered on touch-screen computers at Department of Motor Vehicles Customer Service Centers. Examinations are given during business hours at more than 70 local DMV offices. Exams are scored as they are taken, and you will be notified of your score as you complete the exam. A score of 76% is required to pass this exam. If you fail the exam, OPS will notify you, and will send you a new application. You must submit another application to take the exam again.

REQUIRED RECORDKEEPING:

All licensed pesticide businesses are required to maintain certain records for a period of two years, and make them available to the Office of Pesticide Services upon request.

Application records:

Records are required for **all pesticides applied** by a pesticide business and must contain the following information:

1. Name, address, and telephone number of customer and address or location, if different, of site of application;
2. Name and certification number (or certification number of the supervising certified applicator) of the person making the application;
3. Day, month and year of application;
4. Type of plants, crop, animals, or sites treated and principal pests to be controlled;
5. Acreage, area, or number of plants or animals treated;
6. Brand name or common product name;
7. EPA registration number;
8. Amount of pesticide concentrate and amount of diluent used, by weight or volume, in mixture applied; and
9. Type of application equipment used.

Restricted Use Pesticide Sales records:

Records are required for all restricted use pesticides sold by a pesticide business and must contain the following information:

1. Name, address, certified applicator number or business license number, and certificate or license expiration date of the person to whom the restricted use pesticide was sold or delivered;
2. Date of sale;
3. Brand or common product name;
4. EPA registration number; and
5. Quantity of pesticide sold or delivered.

Sources of Information:

The Virginia Pesticide Control Act, Title 3.2, Chapter 39 Code of Virginia, Sections 3.2-3924 through 3.2-3927.

Rules & Regulations

Chapter 675 Regulations Governing Pesticide Fees Charged by the Department of Agriculture and Consumer Services

Chapter 680 Regulations Governing Licensing of Pesticide Businesses Operating Under the Authority of the Virginia Pesticide Control Act

Questions regarding federal and state pesticide regulations and the legal responsibilities of licensed pesticide businesses can be submitted to:

Virginia Department of Agriculture and Consumer Services (VDACS) Office of Pesticide Services (OPS)

Mailing:

P.O. Box 1163
Richmond, VA 23218

Location:

102 Governor Street, Lower Level
Richmond, VA 23219

Phone (804) 225-2223 / Fax (804) 786-9149

<http://www.vdacs.virginia.gov/pesticides.shtml>

Questions regarding pesticide management techniques, sources of approved preparatory training materials for pesticide applicators can be submitted to:

Virginia Cooperative Extension (VCE) County Extension Office

(consult local listings for telephone number)

Virginia Tech Pesticide Programs (VTPP)

302 Agnew Hall
Virginia Tech
Blacksburg, VA 24061-0409
(540) 231-6543

<https://vtpv.ento.vt.edu/>

**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) 225-2223 • Fax: (804) 786-9149 • 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. Licenses expire on March 31 each year and are not pro-rated or otherwise adjusted regardless of when issued. Please make check payable to: **Treasurer of Virginia. (1) Mail application, (2) check, and (3) evidence of financial responsibility to the above address.** If you have any questions, please contact Diane Bussée at 804-225-2223 or send an email to diane.collinsbussee@vdacs.virginia.gov.

ATTACH A COPY OF THE LIABILITY INSURANCE CERTIFICATE TO THIS APPLICATION

Please type or print the following information:

LEGAL NAME OF BUSINESS: _____

TRADING AS: _____

FEDERAL IDENTIFICATION NUMBER: _____

MAILING ADDRESS _____ CITY: _____

COUNTY: _____ STATE: _____ ZIP CODE: _____

EMAIL ADDRESS: _____

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 designated certified commercial applicator (CCA) to be employed; provide information below:**

Name of Designated CCA: _____ Certificate Number: _____

Commercial Applicators must submit an **Applicator Change of Information Form** to the Office of Pesticide Services to indicate whether they will be changing employers or adding an employer. Adding a second employer requires a certificate fee of \$100. Change of Information Forms can be found on the VDACS Services/Forms page under "Pesticide Services".

BUSINESS PHYSICAL LOCATION ADDRESS IF DIFFERENT FROM ABOVE (REQUIRED IF ABOVE IS PO BOX):

STREET: _____ CITY: _____

COUNTY: _____ STATE: _____ ZIP CODE: _____

BUSINESS BILLING ADDRESS IF DIFFERENT FROM ABOVE:

STREET: _____ CITY: _____

COUNTY: _____ STATE: _____ ZIP CODE: _____

FOR DEPARTMENT USE ONLY:

Business License No.: _____

Date Keyed: _____

Keyed by: _____

AMOUNT TO REMIT: \$150.00

VDACS ACCT. 757-09-02438

VDACS-07209 02/21

**VIRGINIA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES
OFFICE OF PESTICIDE SERVICES**

P. O. Box 526 • Richmond, VA 23218 (Fees)
P.O. Box 1163 • Richmond, VA 23218 (No Fees)
Phone: (804) 786-3798 • Fax: (804) 786-9149 • www.vdacs.virginia.gov

APPLICATOR CHANGE OF INFORMATION

Applicator Name: _____ Certificate No. _____ ☐ **RT**
☐ **CCA**

Email: _____ Home Phone #: (_____) _____ - _____.
Area Code

NOTICE TO THE APPLICATOR:

Your Virginia **Commercial Pesticide Applicator (CCA)** certificate or **Registered Technician (RT)** certificate is issued to **YOU** by the VDACS' Office of Pesticide Services (OPS), and it is **YOUR** responsibility to maintain it, regardless of your employer. By notifying OPS you may transfer your certificate from one employer or location to another. The Office of Pesticide Services will contact you **by mail** one to three times a year (training status report, renewal notice, new certificate) to enable you to maintain your certificate. **It is important for you to keep us informed of any change in your mailing address or phone number.**

☐ **CHANGE OF STATUS**

☐ Please change my certificate from an **"Active"** status to an **"Inactive"** status. (**Home Address Required**)

☐ Please change my certificate from an **"Inactive"** status to an **"Active"** status. (**Business Info Required**)

Note: Government employees switching to private sector employment will owe an initial certification fee of \$100 for CCAs and \$50 for RTs at the time of requesting change of employer.

☐ **CHANGE OF EMPLOYER:**

Note: Adding a Second Employer requires a certificate fee of \$100 for CCAs or \$50 for Registered Technicians.

☐ **ADD SECOND EMPLOYER:**

New Employer/Business Name: _____

VA Pesticide Business License #: _____

Business Phone #: (_____) _____ - _____.
Area Code

Business Fax #: (_____) _____ - _____.
Area Code

If your new employer does not yet hold a **Pesticide Business License (PBL)**, check one of the following:

- ☐ PBL Application and Fee Attached
- ☐ PBL Application and Fee Submitted Separately

☐ **CHANGE OF APPLICATOR MAILING ADDRESS:**

Prior Mailing: _____ New Mailing: _____

HOME ADDRESS: In order to keep your files current, the Office of Pesticide Services also keeps a record of your current home address. Please provide the information below if it is not the same as the new mailing address above or check "Same as mailing" if it is the same:

☐ Same as mailing Street/RFD: _____

City, State, Zip: _____

AUTHORIZATION STATEMENT:

I understand that it is my responsibility to maintain my certificate and that all information provided on this form is accurate and up to date. I wish for all mailings from the Office of Pesticide Services to be sent to the address specified on this form.

Signature of Applicator (Required): _____ **Date:** _____

***** **CERTIFICATE OF INSURANCE** *****

To the Virginia Department of Agriculture and Consumer Services:

I hereby certify that Policy # _____ provides coverage, in the form of a general liability policy from a person authorized to do business in Virginia or a certification thereof, protecting persons who may suffer legal damages as a result of the use of any pesticide by the applicant. This policy is in a **minimum** of:

\$ _____ for property damage, \$ _____ for personal injury and
\$ _____ per occurrence.

\$ _____ deductible amount (see reverse for deductible requirements)

Exclusions (please specify): _____

This policy has been issued to:

(Name of Insured)

(Address)

(Trading As, or D.B.A.)

(Address)

Policy term: Effective date: _____ Expiration date: _____

In the event of cancellation, the insurer agrees to advise the VDACS Office of Pesticide Services, by written notice, at least 10 days prior to the effective date of cancellation.

(Insurance Company Providing Coverage)

(Agency Issuing Policy)

(Company Seal or Stamp)

(Street)

(City)

(State)

(Zip)

X _____
(Signature - Authorized Representative) (Date of Certificate)

For acceptance by the Virginia Department of Agriculture and Consumer Services, this form must be properly completed, validated and signed by the issuing insurance agency. Mail completed certificate to the address below.

Certificate Holder: Office of Pesticide Services
Virginia Department of Agriculture and Consumer Services
P. O. Box 1163
Richmond, Virginia 23218

EVIDENCE OF FINANCIAL RESPONSIBILITY REQUIRED OF

A LICENSED PESTICIDE BUSINESS

DEFINITION: "Pesticide business" means any person engaged in the business of distributing, applying or recommending the use of a product; or storing, selling, or offering for sale pesticides directly to the user. The term "pesticide business" does not include *(I)* wood treaters not for hire; *(ii)* seed treaters not for hire; *(iii)* operations which produce agricultural products unless the owners or operators of such operations described in clauses *(I)*, *(ii)*, and *(iii)* are engaged in the business of selling or offering for sale pesticides, or distributing pesticides to persons outside of that agricultural producing operations in connection with commercial transactions; or *(iv)* businesses exempted by regulations adopted by the Board.

Prior to being issued a pesticide business license, a business shall furnish evidence of financial responsibility consisting of a liability insurance policy, or certification thereof, protecting persons who may suffer legal damages as a result of the use of any pesticides by the applicant. Such financial responsibility need not apply to damages or injury to agricultural crops, plants or property being worked upon by the applicant.

Minimum Insurance Requirements

\$100,000 for property damage

\$100,000 for personal injury and \$300,000 per occurrence.

A deductible clause in an amount which is usual and customary in the industry, with the provision that the insurer shall pay all claims in full and that the amount of the deductible shall be recoverable only from the insured, may be accepted.

The business licensee shall maintain at least the minimum coverage at all times during the license period, and shall provide a current certificate of insurance to the Office of Pesticide Services at each insurance renewal date.

Note - This certificate is for use only in providing proof of liability insurance coverage.

Revised form - This form supersedes all previous certificate of insurance forms issued by the VDACS Office of Pesticide Services.

**VIRGINIA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES
OFFICE OF PESTICIDE SERVICES**

P. O. Box 526 • Richmond, VA 23218
Phone: (804) 225-2223 • Fax: (804) 786-9149 • www.vdacs.virginia.gov

REQUEST TO TAKE THE VIRGINIA PESTICIDE BUSINESS LICENSE EXAMINATION

For businesses that only sell pesticides and are not required to have a certified commercial applicator.

Before this request to take the Virginia Pesticide Business License examination can be processed, the **(1) application for Pesticide Business License** must be completed and submitted to the Virginia Department of Agriculture and Consumer Services at the address above along with the **(2) \$150.00 annual business license fee** and **(3) evidence of financial responsibility**. If you have any questions, please call Diane Bussée at 804-225-2223 or send an email to diane.collinsbussee@vdacs.virginia.gov.

PLEASE TYPE OR PRINT THE FOLLOWING INFORMATION:

Person taking the Virginia Pesticide Business License Exam:

SOCIAL SECURITY NO. or ITIN (**REQUIRED**): _____ - _____ - _____

HOME PHONE NO.: _____ EMAIL: _____

NAME OF APPLICANT: _____

(Last) (First) (M.I.)

MAILING ADDRESS: _____ COUNTY: _____

(Street or RFD)

CITY: _____ STATE: _____ ZIP CODE: _____

Business Name:

LEGAL NAME OF BUSINESS: _____

TRADING AS: _____

BUSINESS PHONE NO: _____
(Area Code)

Business Mailing Address:

MAILING ADDRESS: _____ CITY: _____

COUNTY: _____ STATE: _____ ZIP CODE: _____

Business Physical Location Address:

STREET: _____ CITY: _____

COUNTY: _____ STATE: _____ ZIP CODE: _____

SIGNATURE: _____ DATE: _____

FOR DEPARTMENT USE ONLY:

Business License No:

Date Keyed:

Keyed by: