



NH DEPARTMENT OF AGRICULTURE, MARKETS & FOOD

Division of Pesticide Control

P.O. Box 2042, Concord, NH 03302-2042

(603) 271-3550

FEE: \$20
NON-REFUNDABLE

COMMERCIAL PESTICIDE APPLICATOR APPLICATION

1. REGISTRATION TYPE

PLEASE CHECK ALL THAT APPLY

- Change of Firm/Employment
First Time Applicator
Supervisory License
Adding Category(s) to Existing License
Operational License
Requesting a Change from a General Use to Restricted Use License

2. INDICATE APPROPRIATE CATEGORIES OF LICENSURE

- (A1) Agricultural Pest Control - Fruit
(A2) Agricultural Pest Control - Herbicides
(A3) Agricultural Pest Control - Field Crops
(A4) Agricultural Pest Control - Animals
(B) Right-of-way and Commercial Weed & Brush Control
(C1) Forest Pest Control and Timber Treatment
(C2) Christmas Trees
(D) Aquatic Pest Control
(E) Public Health Pest Control
(F1) Industrial, Institutional, Structural and Health Related Pest Control (General Pest Control)
(F2) Mosquito and Black Fly
(F3) Termites and Wood Destroying Insects
(F4) Fumigation
(F5) Pole Treating and Wood Preservation
(F6) Food Handlers
(F7) Sewer Root Control
(F8) Microbial Pest Control
(G1) Shade and Ornamental Pest Control
(G2) Turf Pest Control
(G3) Indoor - Foliar Pest Control
(H) Demonstration & Research Pest Control
(I) Regulatory
(J) Aerial Pest Control

3. APPLICANT NAME HOME PHONE
APPLICANT STREET ADDRESS
APPLICANT MAILING ADDRESS
ZIP

4. FIRM NAME WORK PHONE
FIRM ADDRESS
ZIP

5. LIST THE NAMES AND ADDRESSES OF THE OWNERS, OFFICERS, OR TRUSTEES OF THE ENTITY APPLYING PESTICIDES, WHETHER OR NOT THE ENTITY IS INCORPORATED

Table with 2 columns: NAME, ADDRESS. Three rows for listing owners/officers/trustees.

6. IF YOU ARE A NON-RESIDENT OF NEW HAMPSHIRE, FURNISH THE NAME AND ADDRESS OF A PERSON WHOSE DOMICILE IS IN THE STATE OF NEW HAMPSHIRE AND WHO IS AUTHORIZED TO RECEIVE AND ACCEPT SERVICES OF SUMMONSES AND LEGAL NOTICES OF ALL KINDS ON YOUR BEHALF.

NAME OF LEGAL REPRESENTATIVE
ADDRESS OF LEGAL REPRESENTATIVE

*CHECK HERE IF YOU ARE A NEW HAMPSHIRE RESIDENT: _____

7. BEING THE SUPERVISORY LICENSE HOLDER FOR THIS FIRM, I UNDERSTAND:

- A) THAT THE PERSON LISTED UNDER SECTION 3 – APPLICANT (IF OTHER THAN MYSELF) IS AN EMPLOYEE OF MY FIRM AND UNDER MY SUPERVISION;
- B) THAT I AM REQUIRED TO LIST BELOW ANY CHANGES IN THE STATUS OF THIS FIRM:

NAME OF FIRM _____

ADDRESS OF FIRM _____

PRINCIPLE SUPERVISORY LICENSE HOLDER _____

ADDRESS OF SUPERVISORY LICENSE HOLDER _____

*CHECK HERE IF NO CHANGES HAVE OCCURRED _____

- C) THAT THE FIRM'S INSURANCE COVERAGE MEETS OR EXCEEDS THE MINIMUM REQUIREMENTS AS STATED IN PES 302.03 FOR **ALL** OF THE FIRM'S EMPLOYEES FOR THE DURATION OF THE ONE YEAR LICENSING PERIOD.

INSURANCE LEVELS

GROUND APPLICATION

AIRCRAFT APPLICATION (AERIAL)

* Bodily Injury Liability	50,000 each person 100,000 aggregate	100,000 each person 300,000 aggregate
* Property Damage	50,000 each occurrence	100,000 each occurrence

*COVERAGE ABOVE, ALTHOUGH IT MAY NOT INCLUDE CHEMICAL LIABILITY, AS IT WOULD RELATE TO POLLUTION COVERAGE, MUST INCLUDE PRODUCTS/COMPLETED OPERATIONS AND LIABILITY COVERING DAMAGES OR INJURY THAT MAY RESULT FROM THE APPLICATION OF PESTICIDES.

HAVING READ THE FOREGOING, I ATTEST THAT THESE CONDITIONS (A, B, & C) ARE UNDERSTOOD AND HAVE BEEN FULFILLED.

PRINT NAME _____

(DATE)

(SIGNATURE OF SUPERVISORY LICENSE HOLDER)

8. I UNDERSTAND THAT FALSIFICATION OF ANY INFORMATION ON THIS APPLICATION IS GROUNDS FOR DENIAL OF REGISTRATION (LICENSING) OR ANY OTHER ENFORCEMENT ACTION AS DEEMED APPROPRIATE.

PRINT NAME _____

SIGNATURE OF APPLICANT _____

DATE _____

**- IMPORTANT -
NO LICENSES WILL BE ISSUED UNLESS ALL SECTIONS (1-8) ARE COMPLETED PROPERLY!**