

New York State Department of Environmental Conservation

Division of Materials Management

Bureau of Pest Management

625 Broadway 9th Floor, Albany, New York 12233-7254

Phone: (518) 402-8748 Website: www.dec.ny.gov



Department of
Environmental
Conservation

PESTICIDE BUSINESS REGISTRATION APPLICATION

BUSINESSES APPLYING PESTICIDES FOR-HIRE

Each business location offering, advertising or providing the services of commercial application of pesticides either entirely or as part of the business must register with the Department of Environmental Conservation. Non fee exempt agencies (per 6NYCRR Part 325.23) must use the form.

Businesses must register each location with a separate application and pay the registration fee for each place of business. Businesses offering, advertising or providing the services of commercial application of pesticides under more than one business name must register and pay the registration fee for each business name at each place of business. However, businesses may list more than one assumed name (DBA or AKA) on a single registration application.

The registration expiration date is determined by the DEC Region and/or county in which a business is located. Fees will not be prorated for any part of a registration period. The registration period is for three years. To determine your Region see <http://www.dec.ny.gov/about/50230.html>

The expirations dates are:

Region 1 (Nassau): October 31; **Region 1 (Suffolk):** December 31; **Region 2:** February 28; **Region 3:** April 30; **Region 4:** June 30; **Region 5:** June 30; **Region 6:** June 30; **Region 7:** July 31; **Region 8:** August 31; **Region 9:** September 30; **Out of State:** June 30

Renewal applications should be mailed at least 30 days before your registration expires to avoid a lapse in registration.

Read all directions carefully as you complete the application. Fill in all required information. Your application will be returned if it is not completed correctly. Please type or print legibly.

1. ____ New Or ____ Renewal If a renewal, enter your current registration number: _____	2. Registration Fee A check or money order for the registration fee of \$900 must accompany this application. Make check or money order payable to: Commissioner of NYSDEC
3. Business Name. Provide the complete legal name of business and all doing business as (DBA) or assumed names. These are the only business names that can be used on websites or advertisements and on contracts for pesticide application services. For the legal name provide the Corporate, LLC, or Partnership name, if the business is a Sole Proprietorship provide the name of the owner. Legal Name _____ DBA Names (If none leave blank) _____	
4. Business Address. Provide the physical address of the business and mailing address if it different than the physical address. Include any suite, unit, or apartment numbers. Physical Address: Street Address _____ City _____ State _____ Zip Code _____ County _____ Mailing Address: (If it is the same as the physical address leave blank) Street Address or PO Box _____ City _____ State _____ Zip Code _____	
5. Main Business Phone Number. (_____) _____ - _____	

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For NYSDEC Official Use Only		
Registration Number _____	Region _____	Expiration Date _____
Check or Money Order # _____	Date _____	Amount \$ _____
Decals Issued _____	From _____	To _____

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12. Liability Insurance. All businesses must provide a certificate of liability insurance. Do not send vehicle or workers compensation on insurance. **Binders or policy declarations are not acceptable.** The Department will accept insurance coverage afforded by: 1) insurers classified by the New York State Department of Financial Services (NYDFS) as licensed; 2) insurers listed as an ELANY Eligible E&S insurers.

- Minimum commercial general liability insurance requirements are \$1,000,000 each occurrence; or \$300,000 individual, \$1,000,000 per incident bodily injury and \$300,000 property damage insurance.
- The business name & address on the insurance certificate must be exactly the same as on this application form.
- NYS DEC Pesticide Reporting and Certification Section, 625 Broadway, Albany, NY 12233-7254 must be listed as the certificate holder.
- Insurance policies that expire in less than 30 days will not be accepted.

_____ I have attached the certificate of insurance.

13. Contact Information. Who should the DEC contact if we have questions about this application?

Name _____ Phone Number (_____) _____ - _____ Extension _____

Email Address _____

14. Applicant/Authorized Representative Acknowledgment

This form must be signed by an appropriate business official with full legal authority to sign this application on behalf of the applicant. **The signature of the applicant must be notarized.** If the business is a sole proprietor the form must be signed by business owner, if the business is a partnership the form must be signed by a business partner, if the business is a corporation or LLC the form can be signed by an owner, corporate officer, director, manager, member, partner, etc. The applicant is legally accountable for the content of the application, and legally responsible for complying with all applicable statutory and regulatory requirements of a business registration.

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 registration, 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.

Print Applicant Name	Official Title	Applicant Signature
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Sworn to before me this _____ day of _____ year _____

Notary Public Signature	Notary Public Stamp
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Before mailing this application have you

- Completed all the boxes?
- Included the names of ALL employees, including apprentices, who make pesticide applications in box 10?
- Included a check or money order for \$900 made payable to Commissioner of NYSDEC?
- Included a certificate of liability insurance?

Mail this **original** completed application to

NYSDEC Pesticide Reporting and Certification Section
625 Broadway 9th Floor
Albany, NY 12233-7254

Photocopies or scanned applications will not be accepted.

If you have any questions, please call 518-402-8748 or email pestmgt@dec.ny.gov