

**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](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 \$75.00. 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 804-225-2223 or send an email to [opsclrt.vdacs@vdacs.virginia.gov](mailto:opsclrt.vdacs@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 \$25. 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: \$75.00

VDACS ACCT. 757-09-02438

VDACS-07209 01/2025