



**Michigan Department of Agriculture  
PESTICIDE & PLANT PEST MANAGEMENT DIVISION**

**PESTICIDE APPLICATION BUSINESS LICENSE  
INITIAL APPLICATION**

IN ACCORDANCE WITH THE PROVISIONS OF ACT NO. 451 PART 83, PUBLIC ACTS OF 1994 AS AMENDED, APPLICATION IS HEREBY MADE FOR COMMERCIAL PESTICIDE APPLICATOR'S LICENSE.

<p><b>1. Legal Name &amp; Mailing Address</b> Full legal name of business:</p> <p>Mailing address:</p> <p>City, State, Zip Code:</p>	<p><b>LICENSE FEE: \$100.00</b> Payable to "State of Michigan"</p>
<p><b>5. Physical Address if different from Mailing Address</b> .Physical Address:</p> <p>City, State, Zip Code</p>	<p><b>2. County</b> _____ <b>Region</b> _____ (filled out by MDA)</p> <p><b>3. Emergency Contact Name and 24 hour phone #</b> ( ) -</p>
<p><b>8. Corporation in Michigan (Including LLC)</b> ID # _____ Date filed with DLEG: _____</p>	<p><b>4. Email Address</b> _____ @ _____</p> <p><b>6. Business Phone #</b> _____ <b>7. Business Fax #</b> _____ ( ) - ( ) -</p>
<p><b>9. Enclose copy of County Assumed Name Certificate</b> Expire: _____</p>	

**10. Indicate the categories that you intend to be in the business of commercially applying pesticides with an asterisk (\*):**

1A Field Crops Pest Mgmt	1B Veg. Crops Pest Mgt.	1C Fruit Crop Pest Mgmt	1D Livestock Pest Mgmt	2 Forest Pest Mgmt.	2A Forest Prod Pest Mgmt.	3A Turfgrass Pest Mgmt.	3B Plants & Shade Tree	4 Seed Treatment	5 Aquatic Pest Mgmt	5A Swimming Pools	5B Microbial Pest Mgmt	5C Sewer Line Pest Mgmt
6 Right-of-Way Pest Mgmt	7A General Pest Mgmt.	7B Wood Destr Pest Mgmt.	7D Vertebrate Pest Mgmt.	7E Interior Plant Pest Mgmt	7F Mosquito Mgmt.	7G Domest Anml	Fumigation Applications	Aerial Applications	Other			

**APPLICATOR CERTIFICATION REQUIREMENTS**

**11.** The business must employ at least one full-time certified applicator at each business location, available during regular business hours, in each licensed category(s). How many certified applicators do you employ? [ ] How many registered applicators do you employ? [ ] List ALL applicators for your firm (First name, Last name, certification or registration # & expiration date) using an additional sheet if necessary. The applicator(s) that you wish to qualify your business for one of more of the categories listed in Box 11, you must mark with an asterisk (\*). These same qualifying applicators will need to submit a Notarized Statement of Experience forms (see box 13) with this application. If a qualifying applicator does not renew their certification prior to the submission of this application it may result in your license not being issued in that category.

_____	_____	_____	12/31/____	_____	_____	_____	12/31/____
First Name	Last Name	Cert/Reg. #	Expiration	First Name	Last Name	Cert/Reg. #	Expiration
_____	_____	_____	12/31/____	_____	_____	_____	12/31/____
First Name	Last Name	Cert/Reg. #	Expiration	First Name	Last Name	Cert/Reg. #	Expiration
_____	_____	_____	12/31/____	_____	_____	_____	12/31/____
First Name	Last Name	Cert/Reg. #	Expiration	First Name	Last Name	Cert/Reg. #	Expiration

**NEW LICENSEES MUST ALSO ATTACH FORM PI-217**

**12.** Act 451, Part 83, as amended, provides certain experience and/or degree requirements as qualification for a license. A notarized statement listing the firm name, phone number, and pesticide application experience and/or college degree information for the qualifying individual for the firm must be attached to the application.

**FINANCIAL RESPONSIBILITY REQUIREMENT**

**13.** For this application to be complete, liability insurance is required for licensing. A CERTIFICATE OF INSURANCE MUST ACCOMPANY THIS APPLICATION. See the instructions on the back of this application for minimum insurance requirements.

<b>14.</b> Insurance Company	<b>15.</b> Policy Expiration Date
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**OUT OF STATE LICENSE APPLICANTS ONLY**

**16.** I (we) hereby appoint the following person who resides in Michigan to accept service of notice or process arising in any court from any action, criminal or civil, resulting from my (our) operations in the State of Michigan:

Name:	Address:	City:	Zip Code:
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**ALL LICENSE APPLICANTS**

**17.** This is to certify that the foregoing is true and accurate to the best of my knowledge and belief and that I will comply with the provisions of Act No. 451 Part 83, P.A. of 1994 as amended and all regulations promulgated thereunder.

Print Applicant Name	Title
Applicant (Signature)	Date

**This license will NOT be issued without the above signature, title and date!**

## PAB LICENSE INITIAL APPLICATION INSTRUCTIONS

**Application fees submitted under this section are not refundable per Act 451, Part 83, Section 8317**

1. You must legibly print the firm's name (full legal name of the business per current articles of incorporation or current county assumed name certificate) and correct mailing address.  
**FIRM NAME:** legibly print the firm's legal name (must match corporation documents or assumed name certificate)  
**MAILING ADDRESS:** legibly print the correct mailing address. **NOTE: POST OFFICE BOXES ARE ACCEPTABLE FOR MAILING ADDRESSES.**
2. You must legibly print the county name where the business is physically located.
- 3-4. You must legibly fill in the name and telephone number of a representative of the firm who may be reached 24 hours of the day in the event of an emergency. If the firm has a business e-mail address, you must legibly print the correct email address in this box.
5. You must legibly print the firm's **physical** street address, city, state, and zip code. **NOTE: POST OFFICE BOXES ARE NOT ACCEPTABLE FOR PHYSICAL ADDRESSES.**
- 6-7. You must legibly print the firm's telephone number. If the firm has a business fax number, you must legibly print the fax number.
8. If the business is a Michigan Corporation (including limited liability corporation), fill in your current incorporation ID# in this box and the date you filed with the Michigan Department of Labor & Economic Growth (DLEG). **NOTE: Out of state companies must be authorized to conduct business in the State of Michigan. A copy of that authorization must be on file with MDA.** You can apply for this authorization at the Michigan Department of Labor & Economic Growth, Michigan Corporation Division (MCD), telephone (517) 241-6470, fax (517) 334-8329 for more information go to MCD's website at [www.michigan.gov/corporations](http://www.michigan.gov/corporations)
9. If the business operates under an assumed name/or is a partnership; you must provide us with a valid copy of your assumed name document from the county where the business is physically located. (Certificate expires five years from date of filing with county clerk). You must write in the expiration date of this assumed name certificate in box 9.
10. Indicate the categories that you intend to be in the business of commercially applying pesticides by marking the box(es) with an asterisk (\*). **NOTE: the firm must employ at least one full time certified qualifying applicator at each business location, available during regular business hours who is certified in the category(s) of pesticide application the firm intends to conduct business in.**
11. You must legibly print **all** the names (first, last), commercial certification or registration numbers, and expiration dates for **all** applicators employed by your firm. You must all legibly print the total number of certified commercial applicators and the total number of registered technicians employed by your firm. Use an additional sheet if necessary.
12. At least one certified applicator at your firm must provide pesticide application experience and/or college degree information, in a notarized statement (Use PI-217 Form) that **must be attached to this license application**, as specified in Act 451, Part 83, Pesticide Control, Section 8313. At least one of the following requirements must be met:
  - a. Service for not less than 2 application seasons as an employee of a commercial applicator, or comparable education and experience as determined by the director.
  - b. A baccalaureate degree from a recognized college or university in a discipline that provides education regarding pests and the control of pests and 1 application season of service as an employee of a commercial applicator.The statement (PI-217 form) must list the firm name, address, phone number, and pesticide application experience and/or college degree information for the qualifying certified individual and **must** be attached to this application, and **must be NOTARIZED by a Notary Public.**
- 13-15. You must legibly print the name of your liability insurance company and the expiration date of your current policy. **NOTE: the minimum liability insurance requirements as specified in Act 451, Part 83, Pesticide Control, Section 8313, and Regulation 636, Rule 14 are as follows: Regulation 636, Rule 14.**
  - (1) A licensed commercial applicator shall maintain comprehensive general liability insurance for bodily injury and property damage during the licensing period or during the period of time necessary to span a seasonal operation, except as provided in subrule (5) of this rule. The insurance shall not exclude coverage for bodily injury and property damage which arise from pesticide applications.
  - (2) Minimum insurance coverage for persons who are engaged in aerial application, space fumigation, or right-of-way pest management shall be \$100,000.00 for each occurrence for bodily injury and \$25,000.00 for each occurrence for property damage or a combined single limit of \$300,000.00 for bodily injury and property damage.
  - (3) Minimum insurance for persons who are licensed in a category or subcategory described in R 285.636.3 shall be \$100,000.00 for each occurrence for bodily injury and \$25,000.00 for each occurrence for property damage, except as prescribed in subrule (2) of this rule.
  - (4) If an applicant is qualified for a license in 2 or more application categories with different minimum financial responsibilities, the greater requirement shall apply.
  - (5) A single comprehensive general liability insurance policy, as prescribed in subrules (2) and (3) of this rule, may be written to provide financial responsibility coverage for more than 1 licensed place of business owned and operated by the same person.
16. Out of State (Non-Resident) firms must legibly print the name and address of a processing agent that resides in Michigan who will accept service of notice or process arising in any court from any action, criminal or civil, resulting from business operations in the State of Michigan.
17. You must legibly print the applicant's name, title, and date of the application. The applicant must sign the application. **THE LICENSE WILL NOT BE ISSUED WITHOUT THE SIGNATURE OF THE APPLICANT.**

**REMINDER** - Mailing your application to the wrong address **will delay** your license! There are now two separate MDA P.O. Box addresses. You must use P.O. Box 30776, (on your application) to renew your license, and P.O. Box 30017 to decline your license.