

# 2025 PAB LICENSE RENEWAL APPLICATION INSTRUCTIONS

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**Pursuant to Act 451, Part 83, Section 8317, the application fee submitted is NOT refundable.**

1. Verify the firm's name (full legal name of the business per current Articles of Incorporation or current Assumed Name Certification) and mailing address. If the data is incorrect, draw a line through the incorrect information and print the correct information.

**\*\*If the business has been sold, the new owner must file a NEW LICENSE application. The license is not transferrable. DO NOT USE THE RENEWAL FORM FOR A CHANGE OF OWNERSHIP OR NEW BUSINESS. \*\***

2. If the county name is incorrect, draw a line through it and legibly print the correct county. **If you will NOT operate this business in 2025, check the "Out of Business" box and return the application to MDARD-CLU 1615 S HARRISON RD. EAST LANSING, MI 48823.**
3. If the emergency contact name and phone number are incorrect, draw a line through the incorrect information and print the correct information. If this space is blank, PRINT the name and telephone number of a firm representative who may be reached 24 hours a day in the event of an emergency.
4. If the firm has a business e-mail address, please **print** the correct e-mail address in this box.
5. Verify accuracy of the firm's name and physical address (full legal name of the business per current Articles of Incorporation or Assumed Name Certificate).

**FIRM NAME:** If the firm name is incorrect or has changed, draw a line through the name and print the correct legal name (must match corporation documents or assumed name certificate). Firm name should match firm name in box 1.

**PHYSICAL ADDRESS:** If the firm's physical address is incorrect, draw a line through the printed address and list the correct physical address. NOTE: POST OFFICE BOXES **ARE NOT** ACCEPTABLE FOR PHYSICAL ADDRESSES.

6. Check the telephone number listed in this box; if incorrect, draw a line through it and list the correct number.
7. Check the fax number listed in this box; if incorrect, draw a line through it and list the correct number.
8. If the business is a Michigan corporation (including Limited Liability Corporation), list your current MI corporation ID# in this box. 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 MDARD. You can apply for this authorization at the Michigan Department of Licensing and Regulatory Affairs (LARA), Michigan Corporation Division, (517) 241-6470, fax (517) 334-8329. For more information go to LARA's website at [www.michigan.gov/corporations](http://www.michigan.gov/corporations)
9. If the business operates under an assumed name/or a partnership, write the expiration date of the County Assumed Name Certificate and enclose a copy of the current county Assumed Name Certificate. Enclose current certificates for ALL names under which the business operates. If the certificate expires during the licensing year, you must forward an updated certificate to MDARD.

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10. Enclose a copy of your current Certification of Liability Insurance and write expiration date on application. The minimal liability insurance requirements are specified in Act 451, Section 8313 and Regulation 636, Rule 14.
11. **OUT OF STATE APPLICANTS ONLY:** Michigan Resident Agent Designation needs to be provided or check box to “opt out” if wish not to appoint a resident agent with the understanding the firm is responsible for all costs incurring by MDARD in auditing applicable records held outside the state of Michigan.
12. MDARD records indicate your firm is licensed in the categories marked with an asterisk (\*). Your business license will be renewed in all the same categories for 2024 unless you delete a category(s) by placing an “X” through the appropriate category box. **Aerial firms must also update the mix/load pad information with MDARD at the time of renewal.**
13. A qualifying applicator must be a certified applicator at your firm who must provide pesticide application experience on the Notarized Statement of Experience (NSE) form (PI-217). The college degree information and/or the NSE must be attached to this license application, as specified in Act 451, Part 83, Pesticide Control, Section 8313. **To add a new category**, at least one of the following requirements must be met:
  - a) Service for not less than two application seasons as an employee of a commercial applicator firm, or comparable education and experience as determined by the director. *\*Pesticide application “seasons” are approximately March through October for outdoor applications and the calendar year for indoor applications*
  - b) A baccalaureate degree from a recognized college or university in a discipline that provides education regarding pests and the control of pests and one application season of service as an employee of a commercial applicator firm.

\*\*\* **NOTE:** If requesting to add category please submit proper paperwork by November 2024 to allow for extra processing. \*\*\*

14. MDARD records indicate these are the applicators for your firm. An (\*) indicates an applicator that QUALIFIES your business for a license category. Verify the list of applicators; if an applicator is no longer working for your firm, draw a line through his/her name, if you have new applicators; list their name(s) and certification number(s). NOTE: Applicators whose certification has expired or will expire this December 31 are listed in bold type. Make sure these employees renew their certification credential.

\*\*\* **NOTE:** If requesting to change qualifier of record please submit proper paperwork by November 2024 to allow for extra processing. \*\*\*

15. Print the applicant’s name, title, signature and date of the application.

**Mail your application and fee with all of the above-mentioned paperwork to:  
MDARD, PO Box 30776, Lansing, MI 48909**