



## CHECKLIST FOR SUBMITTING YOUR 2022 LICENSE

<b>REQUIRED DOCUMENTS</b>	
<b>A)</b>	License application (PI-079)
<b>B)</b>	Current certificate of liability insurance
<b>C)</b>	Corporation, partnership, or assumed name documents (where applicable)
<b>D)</b>	Notarized Statement of Experience (PI-217) if adding a new category or new qualifying applicator
<b>E)</b>	Aerial Firms-Updated Mix/Load Pad Form

### A) LICENSE APPLICATION

- \_\_\_ 1. List correct full legal name of the business. Make corrections by drawing a line through the printed firm name or address.
  - \_\_\_ 2. Have you moved? \_\_\_ Have you indicated the new street address?  
\_\_\_ Have you indicated the new mailing address?
  - \_\_\_ 3. Have you filled in the emergency phone number, fax number, and E-mail address?
  - \_\_\_ 4. Are *all* the applicators full names, certification numbers, and expiration dates listed on the application? Attach an additional sheet if necessary. *It is the responsibility of the firm to provide updates to MDARD regarding any changes in status of any of their applicators.*
- ⇒ **If your qualifying applicator's certification expires 12/31/2021; he/she MUST take their renewal exams BEFORE the business license can be issued. However, if you send in your PABL renewal before exams have actually been taken, then please note on application the location and date of exam session you are attending in person or online.**
- \_\_\_ 5. Check all the license categories for which your firm will offer services. Make sure each category has a qualified applicator\* with active certification.
  - \_\_\_ 6. **SIGN THE APPLICATION.** The application cannot be processed without a signature.
  - \_\_\_ 7. Enclose your check or money order for **\$100.00**, payable to **STATE OF MICHIGAN**.

### B) CORPORATION/PARTNERSHIP/ASSUMED NAME DOCUMENTS

- \_\_\_ 1. Enclose the necessary LLC or corporate business name documentation and all Assumed Name Certificate(s).
- \_\_\_ 2. Make sure your corporation information is current (including limited liability corporation) with the Michigan Department of Licensing and Regulatory Affairs (LARA), Corporation Division. Their phone number is 517-241-6470.
- \_\_\_ 3. Verify Assumed Name Certificates from counties are current. If certificate expires during the license period, you must forward updated certificate(s) to MDARD.

### C) PROOF OF INSURANCE

- \_\_\_ 1. Certificate of liability insurance form must include:
  - \_\_\_ Exact legal name of the business as listed on the application.
  - \_\_\_ Exact street address for the business as listed on the application.

\_\_\_ It is the responsibility of the license applicant to provide a current certificate of insurance to MDARD – it is not the insurance agent’s duty. You may email a copy to [baughans9@michigan.gov](mailto:baughans9@michigan.gov) or mail updated insurance information to the MDARD-Central Licensing Unit, 1615 S. Harrison Rd, East Lansing, MI 48823. Please ask your insurance carrier/provider to add MDARD as a “certificate holder” (MDARD-CLU, 1615 S. Harrison Rd., East Lansing, MI 48823), to ensure MDARD always has an active certificate of general liability insurance.

- \_\_\_ 2. Verify insurance coverage amounts will cover bodily injury and property damages that arise from pesticide application. See frequently asked questions on MDARD’s website for amounts required by law at [www.michigan.gov/mdardpabl](http://www.michigan.gov/mdardpabl).

**D) NOTARIZED STATEMENT OF EXPERIENCE (required if you are adding a new category or have a new qualifying applicator for 2022, please submit proper paperwork by November 2021 to allow for extra processing time)**

- \_\_\_ 1. The addition of a new category (not on the renewal application) requires a completed **notarized copy** of the Notarized Statement of Experience (Form PI-217).
- \_\_\_ 2. A new qualifying applicator for the firm MUST submit a complete **notarized copy** of the Notarized Statement of Experience (Form PI-217).

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**E) AERIAL FIRMS-MIX/LOAD PAD FORM**

- \_\_\_ 1. Enclose an updated Mix/Load Pad form.