NEW FIRMS CHECKLIST FOR SUBMITTING YOUR LICENSE

REQUIRED DOCUMENTS

A) License application (PI-079)
B) Proof of insurance
C) Incorporation, partnership, or assumed name documents (where applicable)
D) Notarized Statement of Experience (PI-217) if adding a new category

A) LICENSE APPLICATION

____ 1. Is the current and *full legal name* of the business on the application?

____ 2. Have you filled in the emergency phone number, fax number, and E-mail address?

____ 3. Are all the applicators full names and certification, and expiration dates listed? Attach an additional sheet if necessary. *It is the responsibility of the license applicant to provide updates to MDARD regarding any changes in status of any of the firm's applicators*

If you or your employees have recently taken certification exams, please attach copies of your receipt(s) that show the exam scores and dates.

____ 4. Have you selected all the license categories that your firm intends to provide application services for?
___ Does your listing of certified applicators cover all those categories?

____ 5. IS THE APPLICATION SIGNED? We cannot process an application that is not signed.

____ 6. Have you enclosed a check or money order for $100.00, payable to STATE OF MICHIGAN?

B) CORPORATION/PARTNERSHIP/ASSUMED NAME DOCUMENTS

____ 1. Have you enclosed necessary LLC or corporate business name documentation and all Assumed Name Certificate(s)?

____ 2. Make sure your corporation information is current and active (including limited liability corporation) with the Michigan Department of Licensing & Regulatory Affairs (LARA), Corporation Division. Their phone number is 517-241-6470. Verify Assumed Name Certificates from counties are current and active.

C) PROOF OF INSURANCE

____ 1. Does the Certificate of liability insurance form 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 not the insurance agent's duty. You must fax (517-284-0458) or mail any updated insurance information to the MDARD - Central Licensing Unit, P.O. Box 30017, Lansing, MI 48909.

____ 2. ___Verify insurance coverage amounts to cover bodily injury and property damages that arise from pesticide application. All license categories require a minimum of $100,000 for bodily injury and $25,000 property damage minimum coverage, with the exception of categories 6, AE, and FUM, which are required to have a minimum coverage of $300,000 combined single limit bodily injury and property damage.

D) NOTARIZED STATEMENT OF EXPERIENCE

____ 1. Have you enclosed a Notarized Statement of Experience (form PI-217) document for the pesticide applicator who is the qualifier of any new category(ies) being requested on the license?

____ 2. Does the experience statement include the required timeframe and the contact persons along with their phone numbers?