COLORADO
Department of Agriculture
Division of Plant Industry

Payment Information (CDA Use only)
_____ Check Number
_____ Check Total
_____ License - 6320
_____ Late Fee - 6330
_____ Validation #

Pesticide Registration Program
Application for Restricted Use Pesticide Dealer License

INSTRUCTIONS: Type or print legibly in blue or black ink. Complete this form in its entirety.

Return this form and $50.00 to:
Colorado Department of Agriculture
Attn: RUPD License
305 Interlocken Parkway
Broomfield CO 80021

PERSON/ENTITY DESIRING LICENSE: (Sole proprietorships please enter your name. Applicants other than sole proprietorships please enter the entity name).

DOING BUSINESS AS NAME(s) (DBA): (If no "DBA" name is provided, the business name will be assumed to be the same as the person's name. The licensee can only do business under the listed DBA name(s).)

Mailing Address | **City** | **State** | **Zip Code** | **County**

Business Address | **City** | **State** | **Zip Code** | **County**

Primary Contact Name | **Phone**

E-mail | **Fax**

If this dealership location has been assigned an EPA Establishment number by EPA, please provide here: _____

Will this dealership transfer a pesticide for sale or distribution to a refillable container without changing the composition, formulation, or EPA registration number of the pesticide? Yes: ☐ No: ☐

1. Have you filed a previous application for a pesticide dealer license in Colorado? Yes: ☐ No: ☐

2. Has any action ever been taken against you regarding the distribution of any pesticide? Include any actions by any state, the U.S. Environmental Protection Agency, or other U.S. federal government entity. *(Actions include but are not limited to civil fines, suspension, revocation, or probation of any license to distribute pesticides, letter of admonition, or other formal censure.)* ***If YES, attach an explanation including the state or government agency, date, charge and disposition.*** Yes: ☐ No: ☐

3. Have you ever been denied a license, or permission to distribute pesticides in any state, country, or U.S. federal jurisdiction? ***If YES, attach an explanation including state or government agency, date, and reason for denial.*** Yes: ☐ No: ☐

4. Have you ever voluntarily surrendered a license to distribute pesticides in any state? ***If YES, attach an explanation.*** Yes: ☐ No: ☐

5. Have you ever been convicted of any felony related to the sale of any pesticide in any state, territory, district, the U.S., or foreign country? ***If YES, attach an explanation.*** Yes: ☐ No: ☐

6. Have you ever entered into any legal settlement or had a judgment entered against you related to the sale of a restricted use pesticide in a court of law? ***If YES, attach an explanation*** Yes: ☐ No: ☐

Print name | **Signature** | **Date**

Office Use Only - Approval