



**MEMORANDUM**

**TO: Commercial Applicators**  
**FROM: Plant Industry/Pesticide Applicator Section**  
**RE: Licensing Requirements for Commercial Applicator**

**To license a business the following information is required:**

- **Commercial Applicator License Application (Form #DPI-PA 8)**
- **Pesticide Applicator Certificate of Evidence of Liability Insurance (form #DPI-PA-30)**
  - A. **Minimum \$400,000 general liability insurance required**
- **Notification of Qualified Supervisors or Certified Operators (Form #PI-PA 58)**
  - A. **Business must employ at least ONE qualified supervisor**
- **Certificate of Good Standing (issued by Secretary of State)**
  - A. **Certificate of Good Standings are issued to a Corporation, Limited Liability Company, Limited Liability Partnership, or similar entities**

**Sole-Proprietorships are NOT required to provide a certificate of good standing. A certificate of good standing is required by the Rules issued under Title 34, Article 10 for all corporations and other business entities for which the Secretary of State provides such documentation. Certificates of good standing that were issued over 60 days prior to an applicant's application will not be accepted.**

**B. See reverse side for instructions on obtaining a Certificate of Good Standing**

- **Application fee of \$350.00**
- **Application and fee of \$100.00 for additional DBA's (if applicable) Form #DPI-PA 40(11/1999)**

**A Commercial Applicators operating under more than one business name from a single location shall registered each additional DBA name**

- **For Aerial Applicators only a CFR, Part 137, issued by the FAA is required**

**Processing your application will continue when we receive the above applications material.**

**If you have any questions regarding licensing requirements, please contact Cheryl Shoup at (303) 239-4146.**

**See Reverse Side**

**OBTAINING A CERTIFICATE OF GOOD STANDING:**

**A Certificate of Good Standing may be requested from the Secretary of State's Office through the following:**

- **In person at 1700 Broadway, Suite 250, Denver, Colorado ;**
- **By phone at (303) 894-2200; or**
- **By fax at (303) 894-4864 or online at [www.sos.state.co.us](http://www.sos.state.co.us)**

Colorado Department of Agriculture  
Division of Plant Industry  
700 Kipling Street, Suite 4000  
Lakewood, Colorado 80215-5894  
(303) 239-4146

**DO NOT WRITE IN THIS SPACE**

-618 LICENSE  
-643 LATE

**APPLICATION FOR COMMERCIAL  
APPLICATOR'S LICENSE**

**INSTRUCTIONS:** Please type or print legibly in blue or black ink. Complete this form in its entirety. Return: **this form; Evidence of Liability Insurance (DPI-PA-30); Notification of Qualified Supervisors (DPI-PA-58); \$350.00 license fee** payable to the Colorado Department of Agriculture; and a **Certificate of Good Standing** (if applicant is registered with the Secretary of State). If any of these parts are missing your application will be rejected.

**PERSON/ENTITY DESIRING LICENSE** (Sole proprietorships please enter your name. Applicants other than sole proprietorships please enter the entity name. See "Requirements and Procedures for Licensing or Registering as a Pesticide Applicator" if you need further explanation.)

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**DOING BUSINESS AS NAME (DBA)** (If no "doing business as" name is provided it will be assumed to be the same as the person's name. The licensee can only do business under the listed DBA name. Additional "doing business as" names can be added to the license using the Application for Registration of Additional "Doing Business As" Names (DPI-PA-40).)

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**MAILING ADDRESS OF BUSINESS** (Address, city, state and zip)

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**LOCATION OF RECORDS** (Must be a physical address, not a P.O. Box, including city, state, zip and **county**)

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**ADDITIONAL BUSINESS INFORMATION**

Name of Primary Contact: \_\_\_\_\_

Business Phone: (\_\_\_\_) \_\_\_\_\_

Aerial Applicator?  Yes  No

**APPLICATION CONTINUES ON THE REVERSE SIDE**

\*\* If you answer YES to questions 4, 5, 6, 7, 8, 9, or 10 below, you must submit a written explanation. (If you have previously provided the Department with this information, you do not need to resubmit an explanation. Please indicate the year it was submitted) IF YOU FAIL TO SUBMIT THIS INFORMATION or you have had recent actions taken against your license that you have not previously submitted an explanation for, your application will be denied.

1. This business is operating as a: Sole Proprietorship: \_\_\_\_\_, Partnership: \_\_\_\_\_, Corporation: \_\_\_\_\_, Other (describe): \_\_\_\_\_

2. List the person authorized to receive and accept service of summons and legal notices of all kinds for the applicant in the state of Colorado. (Name, title, and complete address)

Name	Title	Complete Address
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3. Have you filed a previous application for license as a commercial applicator in Colorado?  YES  NO

4. Have you ever been licensed as a commercial applicator by any other state(s) or tribe(s)?  YES  NO  
If YES, list state(s) or tribe(s) name(s).

5. Has any action ever been taken regarding any license, or equivalent dealing with the application of pesticides, which you now hold or have ever held? Include any actions by the U.S. military, U.S. Public Health Service, any other U.S. federal government entity, any state licensing board, tribe, or any local authority. (Actions include but are not limited to: cease and desist order, stipulation, suspension, revocation, fines, probation, practice limitations, reprimand, letter of admonition, or other form of censure.) If YES, attach an explanation including state or government agency, date, charge and disposition.  YES  NO

6. Are there any complaints pending against any license dealing with the application of pesticides that are not addressed by your answer to question five? If YES, attach an explanation.  YES  NO

7. Have you ever been denied a license or permission to apply pesticides in any state, tribal, or U.S. federal jurisdiction? If YES, an attach explanation, include state or government agency, date and reason for denial.  YES  NO

8. Have you ever voluntarily surrendered a license to apply pesticides? If YES, attach an explanation.  YES  NO

9. Have you ever been convicted of, received a deferred prosecution or a deferred judgement for, or pled *nolo contendere* to, any criminal offense related to the application of pesticides in any state, tribal, or federal jurisdiction? Include any conviction that has been set aside, dismissed, or pardoned under any provision of the law. If YES, attach an explanation.  YES  NO

10. Have you ever entered into a settlement or had a judgment entered against you in a court of law for misapplication of pesticides? If YES, attach an explanation.  YES  NO

The undersigned states that the information contained in this application is true and correct to the best of my knowledge. I also understand that under the Pesticide Applicators' Act, providing false information is grounds for license denial, suspension, revocation, or other lawful discipline. The undersigned hereby acknowledges that I understand and agree to the duties, obligations, and requirements imposed upon a commercial applicator pursuant to Title 35, Article 10, C.R.S. and the rules promulgated thereunder.

Signature of Licensee or Authorized Representative	Date
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Printed Name of Licensee or Authorized Representative	Title
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**NOTIFICATION OF QUALIFIED SUPERVISORS OR CERTIFIED OPERATORS**

**PLEASE TYPE OR PRINT IN BLACK OR BLUE INK.**

**NOTE:** A copy of this document must be included with your application.

If you have not yet been assigned an ID #, write the word NEW in the ID # space. Future additions and/or deletions to your business license or registration must be submitted on this form.

If you add a new qualified supervisor or certified operator, please be advised that this office requires the reverse side of this form is filled out by that individual before they can be listed on your license. **BOTH SIDES OF THIS FORM MUST BE COMPLETED BEFORE A BUSINESS LICENSE OR REGISTRATION WILL BE ISSUED OR PRIOR TO AN INDIVIDUAL ATTACHING TO A CURRENT BUSINESS LICENSE OR REGISTRATION.**

**BUSINESS OR  
REGISTRATION ID:** \_\_\_\_\_ **NAME:** \_\_\_\_\_

Please **INCLUDE/ADD** the following qualified supervisors/certified operators to the business or registrant.

<b>APPLICATOR ID #</b>	<b>NAME</b>
_____	_____
_____	_____
_____	_____
_____	_____

Please **DELETE** the following qualified supervisors/certified operators from the business or registrant.

<b>APPLICATOR ID #</b>	<b>NAME</b>
_____	_____
_____	_____
_____	_____
_____	_____

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Authorized Representative**

**Continued On Reverse Side**

**NOTIFICATION OF QUALIFIED SUPERVISORS OR CERTIFIED OPERATORS**

**THIS SIDE TO BE COMPLETED BY INDIVIDUAL**

€ I WISH TO HAVE MY QS/CO LICENSE ATTACHED TO FOLLOWING BUSINESS LICENSE OR REGISTRATION

€ I WORK FOR A LIMITED COMMERCIAL/PUBLIC APPLICATOR THAT DOES NOT APPLY RESTRICTED USE PESTICIDES

BUSINESS OR REGISTRATION ID #: \_\_\_\_\_ BUSINESS OR REGISTRATION NAME: \_\_\_\_\_

APPLICATOR ID #

NAME

NAME

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PRINT

SIGNATURE

I WISH TO HAVE MY QS/CO LICENSE DELETED FROM THE FOLLOWING BUSINESS LICENSE OR REGISTRATION.

BUSINESS OR REGISTRATION ID: \_\_\_\_\_ BUSINESS OR REGISTRATION NAME: \_\_\_\_\_

APPLICATOR ID #

NAME

NAME

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PRINT

SIGNATURE

Colorado Department of Agriculture  
Division of Plant Industry  
Pesticide/Pesticide Applicator Section  
700 Kipling Street, Suite 4000  
Lakewood, Colorado 80215-5894  
(303) 239-4146  
(303) 239-4177 (fax)

COMMERCIAL APPLICATOR CERTIFICATE OF EVIDENCE OF LIABILITY INSURANCE

*Please type or print legibly with blue or black ink.*

PERSON OR BUSINESS NAME \_\_\_\_\_

DOING BUSINESS AS \_\_\_\_\_

MAILING ADDRESS, INCLUDING CITY, STATE AND ZIP:

\_\_\_\_\_  
\_\_\_\_\_

**AS REQUIRED UNDER SECTION 35-10-106 OF THE PESTICIDE APPLICATORS' ACT.  
(SEE REVERSE SIDE FOR DETAILS).**

POLICY NUMBER \_\_\_\_\_

INSURANCE COMPANY NAME \_\_\_\_\_

INSURANCE COMPANY ADDRESS, INCLUDING CITY, STATE AND ZIP:

\_\_\_\_\_  
\_\_\_\_\_

PHONE:(\_\_\_\_\_)\_\_\_\_\_

**AMOUNT OF INSURANCE**

BODILY INJURY - \$ \_\_\_\_\_ per person \$ \_\_\_\_\_ per accident

PROPERTY DAMAGE - \$ \_\_\_\_\_ per accident

**OR**

CSL OR AGGREGATE \_\_\_\_\_

**POLICY COVERAGE DATES**

Coverage Start Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

In the event of cancellation of the above described policy, a prior written notice of not less than 10 days shall be given to the Commissioner of Agriculture at the address above.

Agent Signature \_\_\_\_\_

Printed Agent Name \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_\_)\_\_\_\_\_

**THIS IS A LEGAL DOCUMENT. READ BOTH SIDES.**

## **From The Pesticide Applicators' Act**

### **35-10-106. Commercial applicator - license requirements - application - fees.**

(1) As requisites for licensure, the applicant for a commercial applicator business license shall:

- (a) Obtain liability insurance in the minimum amount of four hundred thousand dollars with the provision that such policy shall not be canceled unless written notice is provided to the commissioner at least ten days prior to such cancellation; except that liability insurance policies containing a so-call pollution exclusion" shall satisfy this paragraph (a);

### **35-10-117. Unlawful Acts.**

(4) It is unlawful and a violation of this article for any commercial applicator:

- (a) To operate any device or to apply any pesticide if the insurance required by section 34-10-106 (1) (a) is not in full force and effect at the time of such use or application, or if it does not have on file with the department, in the form and manner designated by the commissioner, verification that said insurance is in full force and effect.