



COLORADO DEPARTMENT OF AGRICULTURE

Division of Plant Industry

305 Interlocken Parkway, Broomfield, Colorado, 80021
Tel: (303) 869-9050 Fax: (303) 466-2860 www.colorado.gov/ag/dpi

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-PA8)
- Pesticide Applicator Certificate of Evidence of Liability Insurance(Form#DPI-PA-30)
 - A. Minimum of \$400,000 general liability insurance is required
- Notification of Qualified Supervisors or Certified Operators(Form#PI-PA58)
 - A. Businesses must employ at least ONE qualified supervisor
- Certificate of Good Standing(issued by the Secretary of State)
 - A. A Certificate of Good Standing is issued to a Corporation, Limited Liability Company, Limited Liability Partnership, or similar entities
 - Certificates of good standing that were issued over 60 days prior to an applicant's application will not be accepted.
 - B. A Certificate of Good Standing may be obtained through the Secretary of State's office. Contact information for the Secretary of State's office is displayed below.
 - C. If you are a sole proprietor you are NOT required to provide a Certificate of Good Standing and instead should complete the **Citizen Verification Form** included with this packet.
- Doing Business As (DBA) Form
 - A. Commercial Applicators operating under more than one business name from a single location shall register each additional DBA name using the attached DBA form.
- Citizen Verification Form
 - A. A Citizen Verification Form (attached to this packet) should be filled out and submitted by all sole proprietors.

Secretary of State

1700 Broadway, Suite 250, Denver, Colorado, 80290

Phone: (303) 894-2200 Fax: (303) 894-4864

<http://www.sos.state.co.us>

Commercial Applicators Application fee: \$350.00

Additional DBA's each: \$100.00

Note: For Aerial Applicators only a CFR, Part 137, issued by the FAA is required.

Colorado Department of Agriculture
Division of Plant Industry
527 Koptmemp Rctny c{
Dtqqo hgrf .Eqmtcf q.": 2243"
(303) : 8; /; 272'Rj qpg
*525+688/4: 82'Hcz"

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.)

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).

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

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

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
------	-------	------------------

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
--	------

Printed Name of Licensee or Authorized Representative	Title
---	-------

Colorado Department of Agriculture
Division of Plant Industry
Pesticide Applicator Section
305 Interlocken Parkway
Broomfield, Colorado, 80021
Phone: (303) 869-9066
Fax: (303) 466-2860

COMMERCIAL APPLICATOR CERTIFICATE OF EVIDENCE OF LIABILITY INSURANCE

*Please type or print legibly with blue or black ink. All field with an * are mandatory and must be filled in.*

*Business License Number _____

*Person/Business Name _____

*Doing Business As _____

*Enter Mailing address, City, State and Zip below:

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, 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 _____ *Expiration _____

Date: _____ 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 _____

S:

*City: _____ *State: _____ *Zip: _____

*Phone: (_____) _____

*E-Mail _____
Address:

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 35-10-106 (1) (a) is not in full force and effectte 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.

Colorado Department of Agriculture
Division of Plant Industry
Pesticide Applicator Section
305 Interlocken Parkway
Broomfield, CO 80021
Phone: (303) 869-9066
Fax: (303) 466-2860
E-mail: suzanna.alvarado@state.co.us

NOTIFICATION OF QUALIFIED SUPERVISORS OR CERTIFIED OPERATORS

Please 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 a Business License Number, write the word **NEW** in the Business License Number 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 License Number: _____ Business Name: _____

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

APPLICATOR ID #	NAME
_____	_____
_____	_____
_____	_____
_____	_____
Date	Signature of Authorized Representative

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

APPLICATOR ID #	NAME
_____	_____
_____	_____
_____	_____
_____	_____
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 License ID: _____ Business Name: _____

APPLICATOR ID #	NAME	NAME
_____	PRINT	SIGNATURE

Colorado Department of Agriculture
Division of Plant Industry
Pesticide/Pesticide Applicator Section
305 Interlocken Parkway
Broomfield, CO 800216
(303) 869-9050

DO NOT WRITE IN THIS SPACE

652

APPLICATION FOR REGISTRATION OF ADDITIONAL "DOING BUSINESS AS" NAMES

Please type or print legibly with black or blue ink.

This form is to add "doing business as" names to a license. The mailing and records address shall be the same as shown on the license. You may have as many additional names as you like. The fee is \$100 for each additional name.

If your license has not already been issued please provide your person name as it appears on your license application. Attach this form to your license application.

PERSON/ENTITY DESIRING LICENSE (Sole proprietorship 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

If your business license has already been issued, please provide your current license number. _____

"DOING BUSINESS AS" NAMES FOR THE ABOVE ENTITY ARE:

1. _____
2. _____
3. _____
4. _____
5. _____

Signature of Authorized Representative

Date

Printed Name of Authorized Representative

Title

WARNING No additional doing business as names will be added until the appropriate fee is paid.



Citizenship/Immigration Status Verification

Instructions:

Why are we asking for your citizenship/immigration status?

All state agencies are required to verify the lawful presence in the United States of all natural persons (individuals and individuals doing business as sole proprietors) who apply for certain public benefits, including the license, permit or registration for which you are applying. (Colorado Revised Statutes section 24-76.5-103)

Who does this apply to?

This requirement applies only to natural persons as described above. It does **NOT** apply to partnerships, corporations or other business entities that apply for state benefits.

How do I complete this form?

If you are applying for a license, permit or registration for yourself, or for a business for which you are the sole proprietor, you must provide the information requested in numbered paragraphs 1 through 4 on this form, sign and date it, and submit it along with your application form for the license you are applying for.

What form of identification do I need to provide with this form?

You are required to provide one of the following;

- Colorado driver's license number
- Electronic Identification Indicator ("EII")

OR one of the following alternative identification documents:

Driver's license or identification card issued by;

Alabama	District of Columbia	Kansas	Minnesota	New Jersey	Pennsylvania	Virginia
Alaska	Florida	Kentucky	Mississippi	New York	Rhode Island	West
Arizona	Georgia	Louisiana	Missouri	North Carolina	South Carolina	Virginia
Arkansas	Hawaii	Maine	Montana	North Dakota	South Dakota	Wisconsin
California	Idaho	Maryland	Nebraska	Ohio	Tennessee	Wyoming
Connecticut	Indiana	Massachusetts	Nevada	Oklahoma	Texas	
Delaware	Iowa	Michigan	New Hampshire	Oregon	Vermont	

OR a valid:

- Colorado ID card
- Military Dependent's Card
- American tribal identification document;
- U.S. Passport or other citizenship document with photograph
- U.S. Military ID card
- U.S. Coast Guard Merchant Mariner Card Native
- U.S. naturalization certificate with photograph

OR valid immigration documents demonstrating lawful presence:

- Foreign passport with I-551 stamp or attached Temporary I-551 visa
- I-94 with refugee or asylum status
- Permanent Resident card
- Employment Authorization card
- Foreign passport accompanied by an I-94 indicating expiration date
- Resident Alien card
- Temporary Resident card

If you do not have any of the above forms of identification, you must apply for an EII from the Colorado Division of Motor Vehicles ("DMV") before completing this form. Information on obtaining an EII is available at the DMV website: www.revenue.state.co.us/main/home.asp.

Citizenship/Immigration Status Verification

1. Print name of individual/sole proprietor: _____

2. Business name, if different: _____

3. a) Colorado driver's license number: _____ **or b) Electronic Identification Indicator ("EII"):** _____

or c) Alternative Identification Document: _____ (Describe and attach notarized copy if not applying in person) **this applies to alternate IDs only**

4. I swear and affirm under penalty of perjury under the laws of the State of Colorado that the information I have provided on this form is complete and accurate and (check one):

- | | | | |
|---|---------------------|-----------------------|--------------------------|
| A) <input type="checkbox"/> I am a United States citizen | Alien number | OR I-94 number | AND Date of Birth |
| B) <input type="checkbox"/> I am a permanent resident of the United States | _____ | _____ | _____ |
| C) <input type="checkbox"/> I am lawfully present in the United States pursuant to Federal law | _____ | _____ | _____ |

IF YOU CHECK B OR C PROVIDE A COPY OF THE CERTIFICATE/CARD THAT DOCUMENTS LAWFUL PRESENCE IN THE U.S.

and I understand that this sworn statement is required by law because I have applied for a public benefit that is subject to Colorado Revised Statutes section 24-76.5-103. I understand that this state law requires me to provide proof that I am lawfully present in the United States prior to receipt of this public benefit. I understand that if I am not a United States citizen this law requires the Colorado Department of Agriculture ("CDA") to verify my lawful presence in the United States through the federal Department of Homeland Security ("DHS") Citizenship and Immigration Services ("CIS") Systematic Alien Verification of Entitlement Program. I hereby authorize DHS/CIS to provide CDA with information related to my immigration status. I further acknowledge that making a false, fictitious, or fraudulent statement or representation in this sworn affidavit is punishable under the criminal laws of Colorado as perjury in the second degree under Colorado Revised Statute section 18-8-503 and it shall constitute a separate criminal offense each time a public benefit is fraudulently received.

Applicant Signature: _____ **Date:** _____

**Citizenship/Immigration Status Verification
FOR CDA OFFICE USE ONLY**

If license issued:

I, _____, hereby state that I have personally verified the above information by the following method:

- Visually inspecting the following document (or notarized copy) produced by the applicant:
 - Colorado driver's license
 - Colorado identification card
 - Driver's license or identification card from an approved state (specify): _____
 - U.S. military card
 - Military dependent's card
 - U.S. Coast Guard Merchant Mariner card
 - Native American tribal identification document (specify): _____
 - U.S. naturalization certificate with photograph
 - U.S. Passport or other citizenship document with photograph
 - One of the following immigration documents verified through SAVE:
 - Foreign passport with I-551 stamp or attached Temporary I-551 visa
 - Foreign passport accompanied by an I-94 indicating expiration date
 - I-94 with refugee or asylum status
 - Resident Alien card
 - Permanent Resident card
 - Temporary Resident card
 - Employment Authorization card
- Verifying the Colorado driver's license number with the DMV
- Verifying the applicant's EII with the DMV

If license application not accepted:

I, _____, hereby state that I was not able to verify the applicant's lawful presence in the United States for the following reason:

- The applicant did not provide the required documentation.
- The information on the documentation provided was not complete or accurate (explain).

- Other reason:

CDA Employee Signature: _____ Date: _____

I, _____, hereby state that I have:

- a) CONFIRMED the applicant's lawful presence in the United States through the SAVE Program;
- b) NOT CONFIRMED the applicant's lawful presence in the United States through the SAVE

Program CDA Employee Signature: _____ Date: _____