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: Limited Commercial/Public Applicators

FROM: Plant Industry/Pesticide Applicator Section

RE: Limited Commercial/Public Applicator Registration

To Register as a Limited Commercial or Public Applicator, the following information is required:

1. Limited Commercial\Public Applicator Registration Application (form #DPI-PA-43)
2. Notification of Qualified Supervisors or Certified Operators (form #DPI-PA-58

   A. Business must employee at least ONE qualified supervisor

3. 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**

Secretary of State provides such d

   Public Applicator and Sole-Proprietorships are ~~NOT re~~quired 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 applicants application will not be accepted.

4. Application fee of $50.00

****OBTAINING A CERTIFICATE OF GOOD STANDING:**

A Certificate of Good Standing may be requested from the Secretary of States Office through the following:

- **In person at 305 Interlocken Parkway, Broomfield, CO., 80021 ;**
- **By phone at (303) 869-9066; or**
- **By fax at (303) 466-2860 or online at www.sos.state.co.us**

Processing of your registration application will continue when we receive the above application material.
If you have any questions, please contact Carol Barton at (303) 869-9066.

Colorado Department of Agriculture
Division of Plant Industry
305 Interlocken Parkway
Broomfield, CO., 80021
(303) 869-9066

DO NOT WRITE IN THIS SPACE

-644 LC
-646 PA

APPLICATION FOR REGISTRATION OF A *LIMITED COMMERCIAL* OR PUBLIC APPLICATOR

INSTRUCTIONS: Please type or print legibly in black or blue ink. Complete this form in its entirety. Return: **Return this form; Notification of Qualified Supervisors (DPI-PA-58);** and a $50.00 registration fee payable to the Colorado Department of Agriculture; **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 REGISTRATION (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.)

_____

MAILING ADDRESS (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: (____) _____

APPLICATION CONTINUED ON REVERSE SIDE

APPLICATION FOR REGISTRATION OF A *LIMITED COMMERCIAL* OR PUBLIC APPLICATOR

** If you answer YES to questions 4, 5, 6, 7, 8 or 9 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:_____, Public Applicator:_____, 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 registration as a limited commercial applicator or a public applicator in Colorado? ○ YES ○ NO

4. Has any action ever been taken regarding any registration, 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; include state or government agency, date, charge and disposition. ○ YES ○ NO

5. Are there any complaints pending against any registration dealing with the application of pesticides that are not addressed by your answer to question four above? If YES, attach an explanation. ○ YES ○ NO

6. Have you ever been denied a registration or permission to apply pesticides in any state, tribal, or U.S. federal jurisdiction? If YES, attach an explanation; include state or government agency, date, charge and disposition. ○ YES ○ NO

7. Have you ever voluntarily surrendered a registration to apply pesticides? If YES, attach an explanation. ○ YES ○ NO

8. 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 any 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

9. Have you ever entered into a settlement or had a judgement entered against you in a court of law for a 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 registration denial, suspension, revocation, or other lawful discipline. The undersigned also acknowledges that pursuant to 35-10-104 (1)(b) and (c) of the Pesticide Applicators' Act, that as a limited commercial or public applicator, whether they apply restricted use pesticides or have requested to be subject to these provisions, upon signing this document they are subject to the provisions of this article and to any rules adopted pursuant thereto.

_____ _____
Signature of Registrant or Authorized Representative Date

_____ _____
Printed Name of Registrant or Authorized Representative Title

Colorado Department of Agriculture
Division of Plant Industry
Pesticide/Pesticide Applicator Section
305 Interlocken Parkway
Broomfield, CO., 80021
(303) 869-9066

NOTIFICATION OF QUALIFIED SUPERVISORS OR CERTIFIED OPERATORS

PLEASE TYPE OR PRINT

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.

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
	PRINT	SIGNATURE
	PRINT	SIGNATURE
	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
	PRINT	SIGNATURE
	PRINT	SIGNATURE
	PRINT	SIGNATURE