

**APPLICATION FOR THE INITIAL LICENSING OF A  
PESTICIDE APPLICATOR BUSINESS**

- IMPORTANT INSTRUCTIONS:**
1. Type or print clearly
  2. Complete **entire** form (including signature) and submit to [pestcertcourses@dep.nj.gov](mailto:pestcertcourses@dep.nj.gov)
  3. Incomplete forms will be rejected

**NOTE: Providing false or misleading information on this form may result in denial, suspension, or revocation of your licensing.**

**BUSINESS NAME & CONTACT INFORMATION**

BUSINESS NAME:  
(We do not accept DBAs) \_\_\_\_\_

BUSINESS PHONE #:  
(1-800 nos. not accepted) \_\_\_\_\_

AREA CODE & NUMBER                      EMAIL ADDRESS

**MAIL ADDRESS OF BUSINESS**

STREET or PO BOX #: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_                      ZIP CODE: \_\_\_\_\_                      COUNTY CODE (see Pg.2): \_\_\_\_\_

**PHYSICAL ADDRESS OF BUSINESS**

STREET: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_                      ZIP CODE: \_\_\_\_\_                      COUNTY CODE (see Pg.2): \_\_\_\_\_

**TYPE OF PESTICIDE WORK DONE BY THIS BUSINESS**

Place a check next to each category of work likely to be done by this business.  
Enter the license number of the individual responsible for the category of work.

<input type="checkbox"/> 1A-AGRICULTURAL PLANT	<input type="text"/>	<input type="checkbox"/> 7E-WOOD PRESERVING	<input type="text"/>
<input type="checkbox"/> 1B-AGRICULTURAL ANIMAL	<input type="text"/>	<input type="checkbox"/> 7F-ANTIFOULANTS	<input type="text"/>
<input type="checkbox"/> 2-FOREST	<input type="text"/>	<input type="checkbox"/> 8A-GENERAL PUBLIC HEALTH	<input type="text"/>
<input type="checkbox"/> 3A-ORNAMENTALS	<input type="text"/>	<input type="checkbox"/> 8B-MOSQUITO	<input type="text"/>
<input type="checkbox"/> 3B-TURF	<input type="text"/>	<input type="checkbox"/> 8C-CAMPGROUND	<input type="text"/>
<input type="checkbox"/> 3C-INTERIOR PLANTSCAPE	<input type="text"/>	<input type="checkbox"/> 8D-COOLING WATER	<input type="text"/>
<input type="checkbox"/> 4-SEED TREATMENT	<input type="text"/>	<input type="checkbox"/> 8E-SEWER LINE ROOT CONTROL	<input type="text"/>
<input type="checkbox"/> 5-AQUATIC	<input type="text"/>	<input type="checkbox"/> 8F-PET GROOMING	<input type="text"/>
<input type="checkbox"/> 6B-RIGHT-OF-WAY	<input type="text"/>	<input type="checkbox"/> 11-AERIAL	<input type="text"/>
<input type="checkbox"/> 7A-GENERAL & HOUSEHOLD	<input type="text"/>	<input type="checkbox"/> 12A-WATER SANITIZATION (Chlorine Gas Use)	<input type="text"/>
<input type="checkbox"/> 7B-TERMITES & OTHER WOOD DESTROYING INSECTS	<input type="text"/>	<input type="checkbox"/> 12B-STERILIZATION (Ethylene Oxide Use)	<input type="text"/>
<input type="checkbox"/> 7C-FUMIGATION	<input type="text"/>	<input type="checkbox"/> 13-IPM IN SCHOOLS	<input type="text"/>
<input type="checkbox"/> 7D-FOOD PROCESSING	<input type="text"/>		

**NJ LICENSE # AND NAME OF RESPONSIBLE CERTIFIED PESTICIDE APPLICATOR FOR THE BUSINESS**

\_\_\_\_\_  
LICENSE #                      PRINT OR TYPE FIRST NAME                      MI                      LAST NAME

**LIABILITY INSURANCE AGENT INFORMATION**

INSURANCE AGENT'S BUSINESS NAME: \_\_\_\_\_

INSURANCE AGENT'S DIRECT PHONE # : \_\_\_\_\_

AREA CODE & NUMBER

Type of Coverage Required

- A. Commercial general liability coverage, including completed operations.
- B. Chemical liability coverage, equivalent to that provided by the ISO endorsement CG 22 64, if available for the type of pest control work done.

Limits of Liability Required

- A. For Pesticide Applicator Businesses that do not do fumigation work: The equivalent of a \$300,000 combined single limit for bodily injury and property damage.
- B. For Pesticide Applicator Businesses that do fumigation work: The equivalent of a \$500,000 combined single limit for bodily injury and property damage.

INDICATE LEVEL OF COVERAGE:

- Yes, I have the required commercial general liability coverage.
- Yes, I have the required chemical liability coverage.
- No, I do not have the required chemical liability coverage, as it is not available for my type of pest control.

**RESPONSIBLE CERTIFIED PESTICIDE APPLICATOR VERIFICATION**

**SIGNATURE REQUIRED** → \_\_\_\_\_

(If not sending electronically)

Birth Date

Last 4 digits of SSN

**COUNTY CODES**

- |                        |                        |                      |
|------------------------|------------------------|----------------------|
| 01 - Atlantic County   | 08 - Gloucester County | 15 - Ocean County    |
| 02 - Bergen County     | 09 - Hudson County     | 16 - Passaic County  |
| 03 - Burlington County | 10 - Hunterdon County  | 17 - Salem County    |
| 04 - Camden County     | 11 - Mercer County     | 18 - Somerset County |
| 05 - Cape May County   | 12 - Middlesex County  | 19 - Sussex County   |
| 06 - Cumberland County | 13 - Monmouth County   | 20 - Union County    |
| 07 - Essex County      | 14 - Morris County     | 21 - Warren County   |
|                        |                        | 22 - Outside of NJ   |