VIRGINIA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES
OFFICE OF PESTICIDE SERVICES
P. O. Box 526 • Richmond, VA 23218 (Fees)
P.O. Box 1163 • Richmond, VA 23218 (No Fees)
Phone: (804) 786-3798 • Fax: (804) 786-9149 • www.vdacs.virginia.gov

APPLICATOR CHANGE OF INFORMATION

□ **Private**
□ **RT**
□ **CCA**

Applicator Name: _____ **Certificate No**. _____

Email: _____ **Home Phone #**: (____) ____ - _____
Area Code

NOTICE TO THE APPLICATOR:
Your Virginia **Commercial Pesticide Applicator** (**CCA**) certificate or **Registered Technician** (**RT**) certificate is issued to **YOU** by the VDACS' Office of Pesticide Services (OPS), and it is **YOUR** responsibility to maintain it, regardless of your employer. By notifying OPS you may transfer your certificate from one employer or location to another. The Office of Pesticide Services will contact you **by mail** one to three times a year (training status report, renewal notice, new certificate) to enable you to maintain your certificate. **It is important for you to keep us informed of any change in your mailing address or phone number.**

☐ **CHANGE OF STATUS**

☐ Please change my certificate from an "**Active**" status to an "**Inactive**" status. **(Home Address Required)**

☐ Please change my certificate from an "**Inactive**" status to an "**Active**" status. **(Business Info Required)**

Note: Government employees switching to private sector employment will owe an initial certification fee of $25 for CCAs and $25 for RTs at the time of requesting change of employer.

☐ **CHANGE OF EMPLOYER:**

☐ **ADD SECOND EMPLOYER:**

Note: **Adding a Second Employer** requires a certificate fee of $25 for CCAs or $25 for Registered Technicians.

New Employer/Business Name: _____

VA Pesticide Business License #: _____

Business Phone #: (_____) _____ - _____
Area Code

Business Fax #: (_____) _____ - _____
Area Code

If your new employer does not yet hold a **Pesticide Business License** (**PBL**), check one of the following:
□ PBL Application and Fee Attached
□ PBL Application and Fee Submitted Separately

☐ **CHANGE OF APPLICATOR MAILING ADDRESS:**

Prior Mailing: _____ New Mailing: _____

_____ _____

_____ _____

HOME ADDRESS: In order to keep your files current, the Office of Pesticide Services also keeps a record of your current home address. Please provide the information below if it is not the same as the new mailing address above or check "Same as mailing" if it is the same:

☐ Same as mailing

Street/RFD: _____

City, State, Zip: _____

AUTHORIZATION STATEMENT:
I understand that it is my responsibility to maintain my certificate and that all information provided on this form is accurate and up to date. I wish for all mailings from the Office of Pesticide Services to be sent to the address specified on this form.

Signature of Applicator (**Required**):_____ **Date:** _____

Please return by mail to one of addresses above or if no fees FAX to (804) 786-9149. Questions? Call (804) 786-3798