



Arizona Department of Agriculture

Office of Pest Management

1688 W. Adams Street, Phoenix, Arizona 85007
(602) 542-3578 FAX (602) 542-0466

<http://agriculture.az.gov>

New Business License & Qualifying Party Registration **Application Requirements**

Complete Application –

About the QA: including the Qualified Applicators Full Name, Arizona OPM Qualified Certified Applicator #, Home Address, Mailing Address, Telephone Number, Email Address (if Applicable), Date of Birth, Social Security #, Certification Category(s) which are being applied to register, Signature and Date.

About the Business: including the Ownership Entity, Business Name, form of business organization (i.e. sole proprietor, LLC, Corporation...etc.), the names of the following persons authorized to act on behalf of the business:

- i. Owner if a sole proprietorship;
- ii. Managing or general partner if a partnership;
- iii. President and other authorized officers if a corporation;
- iv. All the managers or members if a limited liability company; or
- v. Person authorized to make decisions for the business if any other type of business form,

the Telephone Number, Fax number, Physical Address, Mailing Address, Email Address (if Applicable), Chemical Storage Address, and Signature of Authorized Individual & Date.

On Business License Information sheet provided please provide names of all principals of the business as defined in R4-29-202(G) "...a person who owns at least 10 percent interest in a business. Principal includes an owner that is itself a business as well as owners of a principal." Also, please provide the name and physical address of the statutory agent of the business as required in R4-29-202(B)(4), as well as day time phone numbers for all individuals listed under persons authorized to act on behalf of the business on the application.

Application Fee – \$250.00 for New Business License and Qualifying Party Registration Application (Pursuant to R4-29-103 for Qualifying Party – Registration or broadening at the same time as application for or renewal of the business license, \$0)

Proof of Financial Security - Proof of required financial responsibility, pursuant to A.R.S. § 32-2313 (D)&(E), provided on the OPM Certificate of Insurance form

Business Name Registration - The Business Name must be registered with the Secretary of State as a registered trade name or on file with the Arizona Corporation Commission. Please provide a copy of the Articles of incorporation, Articles of Organization, Certificate of Limited Partnership, trust, trade name certificate, partnership agreement, or other evidence of the form of business organization.

The Process – Once the application is both administratively and substantively complete, the application



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will be approved immediately. The applicant must complete/provide all of the following in order to be considered complete:

- Complete New Business License and Qualifying Party Registration Application
- Applicable Application Fee
- Proof of Financial Security required by A.R.S. § 32-2313
- List of names of all Principals of the business as defined in R4-29-202(G)
- Day time telephone numbers for individuals identified as persons authorized to act on behalf of the business
- Name and physical address of the statutory agent of the business
- Copy of the Articles of incorporation, Articles of Organization, Certificate of Limited Partnership, trust, trade name certificate, partnership agreement, or other evidence of the form of business organization.

Exclusion – An applicator shall be of good moral character. A conviction for a felony or a misdemeanor involving moral turpitude may demonstrate a lack of good moral character. A conviction for any of the following offenses shall be considered to demonstrate a lack of good moral character:

1. Murder involving the death of a law enforcement officer.
2. An offense described in A.R.S. § 13-2308.01 related to terrorism.
3. A sexual offense of any type where the victim is a minor that is a class 4 or higher felony.



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New Business License and Qualifying Party Registration Application

Fee Schedule: New Business License - \$250.00 + Qualifying Party Registration – No Fee Required

Qualifying Party:

Full Legal Name: _____ Qualified Applicator Certification#: _____
(REQUIRED - First Name, Middle Name, Last Name – NO INITIALS)

Mailing Address: _____ City: _____ State: _____ ZIP: _____

Home Address: _____ City: _____ State: _____ ZIP: _____

Telephone Number: _____ Email: _____

Date of Birth: _____ Social Security #: _____

For Qualifying Party Registration -- Please designate appropriate categories:

<input type="checkbox"/> Industrial & Institutional	<input type="checkbox"/> Ornamental & Turf	<input type="checkbox"/> Fumigation
<input type="checkbox"/> Wood-Destroying Organism Treatment	<input type="checkbox"/> Right-of-Way	<input type="checkbox"/> Wood Preservation
<input type="checkbox"/> Wood-Destroying Insect Inspection	<input type="checkbox"/> Aquatic	

Qualified Applicator Signature: _____ Date: _____

Business License Applicant:

ENTITY - SELECT ONLY ONE:				
<input type="checkbox"/> SOLE PROPRIETOR	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> CORPORATION	<input type="checkbox"/> STATE	<input type="checkbox"/> SCHOOLS
<input type="checkbox"/> LIMITED LIABILITY COMPANY	<input type="checkbox"/> POLITICAL SUBDIVISION	<input type="checkbox"/> FEDERAL AGENCY		

Business Information:

Ownership Entity: _____

*Business Name: _____

Persons authorized to act on behalf of the business: (See attached Business License Information Sheet)

Telephone: _____ Fax: _____

Mailing Address: _____ City: _____ State: _____ ZIP: _____

Physical Address: _____ City: _____ State: _____ ZIP: _____

Chemical Storage Address: _____ City: _____ State: _____ ZIP: _____

Email Address (if applicable): _____

Applicants for a Business License must submit valid proof of financial responsibility. All forms of business organization, shall include information as required in A.R.S. § 32-2313 & A.A.C. R4-29-202 & R4-29-205. Applicable fees must accompany this application. Fees are not refundable. **Qualifying Party and Business Licenses expire on May 31st of each year except that a new Business license and Qualifying Party registration issued this calendar year shall expire May 31st of the following year.**

By signing this application, I affirm that I have read and understand the information contained herein and attest that all information provided is true and correct.

Authorized Signature**: _____ Date: _____

(**Authorized Signature – Sole Proprietor, Managing Partner, or Corporate Officer only)



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Business License Information

(Required information – Type preferred or Print legibly - use additional sheets if necessary)

Daytime telephone numbers for each individual identified as a person authorized to act on behalf of the business

<u>Name of Individual</u>	<u>Phone Number</u>

Names of all principals of the business as defined in subsection (G) of A.A.C. R4-29-202

Names of Principals

1.	2.
3.	4.
5.	6.
7.	8.
9.	10.
11.	12.
13.	14.
15.	16.
17.	18.
19.	20.

Name of Statutory Agent: _____

Physical Address of Statutory Agent:

Street: _____ City: _____ State: _____ Zip: _____

ADA - OPM BUSINESS LICENSEE - PROOF OF FINANCIAL SECURITY

<p>Proof of Financial Security must be submitted before expiration date or the license is automatically suspended. Electronic format will be accepted only if the form is signed and <u>legible</u>.</p> <p>Do not send multiple copies of the proof of financial security unless requested by OPM staff.</p>		<p style="text-align: center;"><u>INSURED</u></p> <p>Business License Name (as licensed by OPM):</p> <p>Address:</p> <p>Phone:</p> <p>Fax / Email (optional):</p> <p><i>Existing Business Licensee?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If 'Yes', provide the OPM Business License No.:</i> _____</p>		
<p style="text-align: center;"><u>INSURER</u></p> <p>Name:</p> <p>Address:</p> <p>Phone:</p> <p>Fax / Email (optional):</p>		<p style="text-align: center;"><u>PRODUCER/BROKER</u></p> <p>Name:</p> <p>Address:</p> <p>Phone:</p> <p>Fax / Email (optional):</p>		
			POLICY LIMITS	
Policy Number	Eff. Date (mm/dd/yy)	Exp. Date (mm/dd/yy)	<u>Each Occurrence</u> (\$500K minimum)	\$
			<u>General Aggregate</u> (\$500K minimum)	\$
<p>General Liability - Current law requires not less than \$500K for operations from insured's primary office and any branch office.</p>			<u>Termite Damage due to Negligent Treatment</u> (\$100K minimum if applicable)	\$
<p>Notice of policy changes - Should the policy be cancelled, revoked or fall below the minimum limits, or if the deductible is increased to greater than 1% of the total financial responsibility, the insurer will mail written notice to the Arizona Office of Pest Management within thirty (30) days.</p>			<u>WDIIR or FIR E&O</u> ** (\$100K minimum if applicable)	\$
			<u>Deductible</u>	<i>Do not leave blank</i> \$
<p>If the Business Licensee is licensed in the Wood-Destroying Organism Treatment category, does this business licensee provide Termite Treatments? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, Termite Damage due to Negligent Treatment Coverage in the amount of \$100,000.00 minimum is required.</p>				
<p>If the Business Licensee is licensed in the Wood-Destroying Insect Inspection category, does this business licensee provide Wood-Destroying Insect Inspection Reports? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, WDIIR Errors & Omissions Coverage in the amount of \$100,000.00 minimum is required.</p>				
<p>I certify that the insurance or surety bond listed above has been issued to the insured for the period indicated, and complies with Arizona Revised Statutes § 32-2313 (D) (E). If financial responsibility is insurance, the insured shall maintain a coverage endorsement for pesticides and herbicides, fumigation, care custody and control, rights-of-way, wood-destroying insect inspection report errors and omissions, wood-destroying insect control, fungi inspection report errors and omissions, and pollution transit <u>for its applicable license categories</u>. Please check each license category below covered by this policy.</p>				
<input type="checkbox"/> Industrial & Institutional		<input type="checkbox"/> Ornamental & Turf		<input type="checkbox"/> Fumigation
<input type="checkbox"/> Wood-Destroying Organism Treatment		<input type="checkbox"/> Right-of-Way		<input type="checkbox"/> Wood Preservation
<input type="checkbox"/> Wood-Destroying Insect Inspection		<input type="checkbox"/> Aquatic		
<p>I certify that I am a duly authorized representative of the insurance company and the company holds a valid certificate of authority or is permitted to transact surplus lines insurance in Arizona. When requested, the company agrees to furnish the OPM a complete copy of the policy, including endorsements.</p>				
<p>_____ Authorized Agent Name/Title (Please Print)</p>			<p>_____ Date</p>	
<p>_____ Authorized Agent's Signature</p>			<p>Check one: Filled out by Producer <input type="checkbox"/> Filled out by Insurer <input type="checkbox"/></p>	

**Wood-Destroying Insect Inspection Report or Fungi Inspection Report Errors & Omissions

OPM STAFF USE ONLY

Name:	Date Received:	Date Entered:
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