



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>

Qualifying Party Registration for an Existing Business Application Requirements

Complete Application –

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

Business/School District Information: including the Business License name (as Licensed by OPM) or School District, Business License Number (if Applicable), and Signature of Authorized Individual & Date

Application Fee – \$50.00 for New Qualifying Party Registration Application or \$25.00 for Broadening Qualifying Party Registration Application

Handling Fee – \$10.00 handling fee is only applicable if the application is available for processing online.

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

The Process – Once the application is both administratively and substantively complete, the application will be approved immediately. The applicant must complete/provide all of the following in order to be considered complete:

- Complete Qualifying Party Registration for an Existing Business Application
- Applicable Application Fee
- Proof of Financial Security required by A.R.S. § 32-2313

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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Fee Schedule:

- New Qualifying Party Registration - \$50.00
- Broaden Qualifying Party Registration - \$25.00

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	

Business Information:

*Business Name/School District: _____

OPM License# (If Applicable): _____

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.

Qualified Applicator Signature: _____ Date: _____

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? <input type="checkbox"/> Yes <input type="checkbox"/> No</i> <i>If 'Yes', provide the OPM Business License No.:</i> _____</p>
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<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>
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Policy Number	Eff. Date (mm/dd/yy)	Exp. Date (mm/dd/yy)	POLICY LIMITS	
			Each Occurrence (\$500K minimum)	\$
			General Aggregate (\$500K minimum)	\$
<p>General Liability - Current law requires not less than \$500K for operations from insured's primary office and any branch office.</p> <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>			Termite Damage due to Negligent Treatment (\$100K minimum if applicable)	\$
			WDIIR or FIR E&O ** (\$100K minimum if applicable)	\$
			Deductible	<i>Do not leave blank</i> \$

If the Business Licensee is licensed in the Wood-Destroying Organism Treatment category, does this business licensee provide Termite Treatments? Yes No

If Yes, Termite Damage due to Negligent Treatment Coverage in the amount of \$100,000.00 minimum is required.

If the Business Licensee is licensed in the Wood-Destroying Insect Inspection category, does this business licensee provide Wood-Destroying Insect Inspection Reports? Yes No

If Yes, WDIIR Errors & Omissions Coverage in the amount of \$100,000.00 minimum is required.

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 ***for its applicable license categories***. Please check each license category below covered by this policy.

<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	

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.

Authorized Agent Name/Title (Please Print)	Date
Authorized Agent's Signature	<p>Check one: Filled out by Producer <input type="checkbox"/></p> <p style="padding-left: 100px;">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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