

**VIRGINIA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES
OFFICE OF PESTICIDE SERVICES**

P. O. Box 1163 • Richmond, VA 23218
Phone: (804) 225-2223 • Fax: (804) 786-9149 • www.vdacs.virginia.gov

BUSINESS CHANGE OF INFORMATION

Business Name on Record: _____

Business Telephone #: (_____) _____ - _____ Check if phone # changed
Area Code

VA Pesticide Business License No. _____ Email: _____

NOTICE TO THE BUSINESS:

It is **YOUR** responsibility to maintain your business's contact information. The Office of Pesticide Services will contact you **by mail** once a year to enable you to renew your pesticide business license. It is important for you to keep us informed of any change in your mailing address to make sure the renewals are received in a timely manner.

CHANGE OF:

BUSINESS NAME

FORMER NAME: _____

NEW NAME: _____

DESIGNATED AUTHORIZED REPRESENTATIVE

NEW AUTHORIZED REP.: _____ CERTIFICATE NO.* _____

*Please provide certificate number if representative is certified otherwise leave blank.

CERTIFIED COMMERCIAL APPLICATOR (CCA)

NEW CCA: _____ CERTIFICATE NO. _____

CHANGE OF ADDRESS:

Prior Mailing: _____

New Mailing: _____

Prior Physical: _____

New Physical: _____

Same as mailing

Same as mailing

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

Authorized Representative or Certified Commercial Applicator

**Please mail this form to the address above, or FAX to (804) 786-9149
Questions? Call (804) 225-2223**