*New Jersey Department of Environmental Protection*

*Please submit this completed form to:* **pestcertcourses@dep.nj.gov**

*Pesticide Licensing & Registrations*

*P.O. Box 420, MC 401-04A*

*Trenton, New Jersey 08625-0420*

*Website: www.pcpnj.org*

***Amendment to Pesticide Applicator/ Operator / Dealer License***

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Applicator/Operator/Dealer Name**: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **License #:** | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | | | | |
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| **Telephone** | | | ( |  |  |  | ) | |  |  | |  | - |  |  |  |  | **Email Address:** | | |  | | | | | @ | | |  | | | | | |  |
| ***(Required)*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Request to Change Name:** *Signature required.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| New Legal Name of Applicator: | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature of Applicator: | | | | | | | |  | | | | | | | | | | | | | | | | | Date: | | | | | |  | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Request to Change Home Address**:  *Signature required.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| *Street* | | | | | | | | | | | | | | | | | | | | *City* | | | | *State* | | | | *Zip code County*  *(see codes)* | | | | | | | |
| Signature of Applicator: | | | | | | | |  | | | | | | | | | | | | | | | | | Date: | | | | | |  | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Request to Change Employer Information (*does not apply to Operators*)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| New Employer Name: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | Business  License Number: | | | | | | |  | | | | |  |
| New Employer Phone Number: | | | | | | | | | | | | | | | | | | | | | | | (*if applicable*) | | | | | | |  | | | | | |
| **Business Mailing Address** | | | | | | | | | | | | | | | | | | | **Business Physical Address** | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | |  | | |  | | | | | | | | | | | | | |
| Street | | | | | | | | | | | | | | | | | | | Street | | | | | | | | | | | | | | | | |
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| City State Zip Code County  (see codes) | | | | | | | | | | | | | | | | | | | City State Zip Code County  (see codes) | | | | | | | | | | | | | | | | |

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| **Request to delete Applicator license:** *Signature of Applicator is required.* **(*does not apply to Operators*)** | | | | |
| Signature of Applicator /Dealer: |  | Date: |  |  |
| *If submitting electronically, please fill in birthdate and last 4 digits of the SS#* | | | | |

**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