*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/ Pesticide Operator License***

|  |  |
| --- | --- |
| **Applicator/Operator Name**: | **License #:**  |
|  |  |  |  |
|  |
| **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.* |
|  |
|  |  |  |  |  |  |
|  *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: |  |  |
|  | (*if applicable*) |  |
| [ ] **Business Mailing Address** | [ ] **Business Physical Address** |
|  |  |  |  |
|  Street |  Street |
|  |  |  |  |
|  City State Zip Code County  (see codes) |  City State Zip Code County  (see codes) |

|  |
| --- |
| [ ] **Request to delete Applicator license:** *Signature of Applicator is required.* **(*does not apply to Operators*)** |
| Signature of Applicator: |  | 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