

**APPLICATION FOR THE INITIAL LICENSING OF A
PESTICIDE DEALER BUSINESS**

- IMPORTANT INSTRUCTIONS:**
1. Type or print clearly
 2. Complete **entire** form (including signature if not sending in electronically) and submit to pestcertcourses@dep.nj.gov
 3. Incomplete forms will be rejected

NOTE: Providing false or misleading information on this form may result in denial, suspension or revocation of your licensing.

BUSINESS NAME & PHONE #

BUSINESS NAME :

BUSINESS PHONE #:

1-800 #'s not accepted

AREA CODE & NUMBER

EMAIL ADDRESS

MAIL ADDRESS OF BUSINESS

STREET or PO BOX # :

CITY:

STATE:

ZIP CODE:

COUNTY CODE (see next page) :

PHYSICAL ADDRESS OF BUSINESS

STREET:

CITY:

STATE:

ZIP CODE:

COUNTY CODE (see next page) :

LICENSE # AND NAME OF RESPONSIBLE CERTIFIED PESTICIDE DEALER

LICENSE #

PRINT OR TYPE FIRST NAME

MI

LAST NAME

RESPONSIBLE CERTIFIED PESTICIDE DEALER VERIFICATION

SIGNATURE REQUIRED →

(If not sending in electronically)

Birth Date

Last 4 # of SSN

COUNTY CODES

01 - Atlantic County
02 - Bergen County
03 - Burlington County
04 - Camden County
05 - Cape May County
06 - Cumberland County
07 - Essex County

08 - Gloucester County
09 - Hudson County
10 - Hunterdon County
11 - Mercer County
12 - Middlesex County
13 - Monmouth County
14 - Morris County

15 - Ocean County
16 - Passaic County
17 - Salem County
18 - Somerset County
19 - Sussex County
20 - Union County
21 - Warren County
22 - Outside of NJ