VPC-004 Rev: 05/23



New Jersey Department of Environmental Protection
Bureau of Pesticide Control, Licensing and Registrations
P.O. Box 420, MC 401-04A
Trenton, New Jersey 08625-0420
Website: www.pcpnj.org

Please submit this completed form to:

pestcertcourses@dep.nj.gov

<u>Amendment to Pesticide Applicator/ Operator / Dealer License</u>

Applicator/Operator/Dealer Name:						License #:	
Telephone			mail Address	:			
(Required) Request to Change Name: Signature required. *For corrections to birthdate/SSN#, write pestcertcourses directly							
intequest to change maine. 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 Numb						r·	
				(if applicable)			
New Employer Phone Number:							
☐ Business Mailing Address				□Business Physical Address			
Street				Street			
City	State	Zip Code	County	City	State	Zip Code	County
	l* 1 1* -		(see codes)				(see codes)
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				-			
COUNTY CODES							
01 - Atlantic County						n County	
02 - Bergen County			Hudson Count		16 - Passaic County		
03 - Burlington County			Hunterdon Co	•	17 - Salem County		
04 - Camden County			Mercer County		18 - Somerset County		
05 - Cape May County			Middlesex Cou	-	19 - Sussex County		
06 - Cumberland County			Monmouth Co		20 - Union County		
07 - Essex County		14 -	Morris County		21 - Warren County 22 - Outside of NJ		
					ZZ - Outsi	ue UI INJ	