

Colorado Department of Agriculture
Division of Plant Industry
305 Interlocken Parkway
Broomfield, Colorado, 80021
(303) 869-9050

DO NOT WRITE IN THIS SPACE

-644 LC
-646 PA

**APPLICATION FOR REGISTRATION OF A
LIMITED COMMERCIAL OR PUBLIC APPLICATOR**

INSTRUCTIONS: Please type or print legibly in black or blue ink. Complete this form in its entirety. Return: **this form; Notification of Qualified Supervisors (DPI-PA-58); \$50.00** registration fee payable to the Colorado Department of Agriculture; and a **Certificate of Good Standing** (if applicant is registered with the Secretary of State). If any of these parts are missing your application will be rejected.

PERSON/ENTITY DESIRING REGISTRATION (Sole proprietorships please enter your name. Applicants other than sole proprietorships please enter the entity name. See "Requirements and Procedures for Licensing or Registering as a Pesticide Applicator" if you need further explanation.)

DOING BUSINESS AS NAME (DBA) (If no "doing business as" name is provided it will be assumed to be the same as the person's name.)

MAILING ADDRESS (Address, city, state and zip)

LOCATION OF RECORDS (Must be a physical address, not a P.O. Box, including city, state, zip and **county**)

ADDITIONAL BUSINESS INFORMATION

Name of Primary Contact: _____

Business Phone: (____) _____

APPLICATION CONTINUED ON REVERSE SIDE

** If you answer YES to questions 4, 5, 6, 7, 8 or 9 below, you must submit a written explanation. (If you have previously provided the Department with this information, you do not need to resubmit an explanation. Please indicate the year it was submitted.) I/F YOU FAIL TO SUBMIT THIS INFORMATION or you have had recent actions taken against your license that you have not previously submitted an explanation for, your application will be denied.

1. This business is operating as a : Sole Proprietorship: _____, Partnership: _____, Corporation: _____, Public Applicator: _____, Other (describe): _____
2. List the person authorized to receive and accept service of summons and legal notices of all kinds for the applicant in the state of Colorado. (Name, title, and complete address)

Name	Title	Complete Address
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3. Have you filed a previous application for registration as a limited commercial applicator or a public applicator in Colorado? YES NO
4. Has any action ever been taken regarding any registration, or equivalent dealing with the application of pesticides, which you now hold or have ever held? Include any actions by the U.S. military, U.S. Public Health Service, any other U.S. federal Government entity, any state licensing board, tribe, or any local authority. (Actions include but are not limited to: cease and desist order, stipulation, suspension, revocation, fines, probation, practice limitations, reprimand, letter of admonition, or other form of censure.) If YES, attach an explanation; include state or government agency, date, charge and disposition. YES NO
5. Are there any complaints pending against any registration dealing with the application of pesticides that are not addressed by your answer to question four above? If YES, attach an explanation. YES NO
6. Have you ever been denied a registration or permission to apply pesticides in any state, tribal, or U.S. federal jurisdiction? If YES, attach an explanation; include state or government agency, date, charge and disposition. YES NO
7. Have you ever voluntarily surrendered a registration to apply pesticides? If YES, attach an explanation. YES NO
8. Have you ever been convicted of, received a deferred prosecution or a deferred judgement for, or pled *nolo contendere* to, any criminal offense related to the application of pesticides in any state, tribal, or federal jurisdiction? Include any conviction that has been set aside, dismissed, or pardoned under any provision of the law. If YES, attach an explanation. YES NO
9. Have you ever entered into a settlement or had a judgement entered against you in a court of law for a misapplication of pesticides? If YES, attach an explanation. YES NO

The undersigned states that the information contained in this application is true and correct to the best of my knowledge. I also understand that under the Pesticide Applicators' Act, providing false information is grounds for registration denial, suspension, revocation, or other lawful discipline. The undersigned also acknowledges that pursuant to 35-10-104 (1)(b) and (c) of the Pesticide Applicators' Act, that as a limited commercial or public applicator, whether they apply restricted use pesticides or have requested to be subject to these provisions, upon signing this document they are subject to the provisions of this article and to any rules adopted pursuant thereto.

_____ Signature of Registrant or Authorized Representative	_____ Date
_____ Printed Name of Registrant or Authorized Representative	_____ Title