Qualifying Party Registration for an Existing Business

Application Requirements

**A complete application includes:**

*Information about the QA* – including the Qualified Applicators Full Name, Arizona Pest Management Division (PMD) Qualified Applicator Certification #, Certification Category(s) which are being applied to register, Signature and Date.

*Information about the business* – including the Business License name (as Licensed by PMD) and Business License Number

*The Application Fee* – $50.00 for New Qualifying Party Registration Application or $25.00 for Broadening Qualifying Party Registration Application

*Handling Fee* – $10.00 handling fee is only applicable if the application is available for processing online.

*Proof of Financial Security* – Proof of required financial responsibility, pursuant to A.R.S. § 32-2313 (D) & (E), provided on the OPM Certificate of Insurance form

**The Process:**

Once the application is both administratively and substantively complete, the application will be approved immediately. The applicant must complete/provide all of the following in order to be considered complete:

- Complete Qualifying Party Registration for an Existing Business Application
- Applicable Application Fee
- Proof of Financial Security required by A.R.S. § 32-2313

**Exclusion:**

An applicator shall be of good moral character. A conviction for a felony or a misdemeanor involving moral turpitude may demonstrate a lack of good moral character. A conviction for any of the following offenses shall be considered to demonstrate a lack of good moral character:

1. Murder involving the death of a law enforcement officer.
2. An offense described in A.R.S. § 13-2308.01 related to terrorism.
3. A sexual offense of any type where the victim is a minor that is a class 4 or higher felony.
Qualifying Party Registration for an Existing Business License Application

Fee Schedule:
- New Qualifying Party Registration - $50.00
- Broaden Qualifying Party Registration - $25.00

Qualifying Party:

Full Legal Name: ____________________________ Qualified Applicator Certification No.: __________
(REQUIRED - First Name, Middle Name, Last Name – NO INITIALS)

For Qualifying Party Registration – Please designate appropriate categories:

- □ Industrial & Institutional
- □ Ornamental & Turf
- □ Fumigation
- □ Wood-Destroying Organism Treatment
- □ Right-of-Way
- □ Wood Preservation
- □ Wood-Destroying Insect Inspection
- □ Aquatic

Qualified Applicator Signature: ____________________________ Date: __________

Business Information:

*Business Name: ____________________________ PMD License No.: __________

Applicable fees must accompany this application. Fees are not refundable. Qualifying Party and Business Licenses expire on May 31st of each year except that a new Business license and Qualifying Party registration issued this calendar year shall expire May 31st of the following year.

By signing this application, I affirm that I have read and understand the information contained herein and attest that all information provided is true and correct.

Authorized Signature*: ____________________________ Date: __________

(*Authorized Signature – Sole Proprietor, Managing Partner, or Corporate Officer only)

ADA STAFF USE ONLY

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Proof of Financial Security must be submitted before expiration date or the license is automatically suspended. Electronic format will be accepted only if the form is signed and legible.

Do not send multiple copies of the proof of financial security unless requested by ADA staff.

**INSURED**

Business License Name (as licensed by ADA):

Address:

Phone:

Fax / Email (optional):

Existing Business Licensee? □ Yes □ No

If ‘Yes’, provide the ADA Business License No.:

**INSURER**

Name:

Address:

Phone:

Fax / Email (optional):

**PRODUCER/BROKER**

Name:

Address:

Phone:

Fax / Email (optional):

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<td>Each Occurrence ($500K minimum)</td>
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<td>Termite Damage due to Negligent Treatment ($100K minimum if applicable)</td>
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<td>WDIIR E&amp;O ** ($100K minimum if applicable)</td>
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General Liability - Current law requires not less than $500K for operations from insured’s primary office and any branch office.

Notice of policy changes - Should the policy be cancelled, revoked or fall below the minimum limits, or if the deductible is increased to greater than 1% of the total financial responsibility, the insurer will mail written notice to the Arizona Office of Pest Management within thirty (30) days.

If the Business Licensee is licensed in the Wood-Destroying Organism Treatment category, does this business licensee provide Termite Treatments? □ Yes □ No

If Yes, Termite Damage due to Negligent Treatment Coverage in the amount of $100,000.00 minimum is required.

If the Business Licensee is licensed in the Wood-Destroying Insect Inspection category, does this business licensee provide Wood-Destroying Insect Inspection Reports? □ Yes □ No

If Yes, WDIIR Errors & Omissions Coverage in the amount of $100,000.00 minimum is required.

I certify that I am a duly authorized representative of the insurance company and the company holds a valid certificate of authority or is permitted to transact surplus lines insurance in Arizona. When requested, the company agrees to furnish the OPM a complete copy of the policy, including endorsements.

□ Industrial & Institutional □ Ornamental & Turf □ Fumigation

□ Wood-Destroying Organism Treatment □ Right-of-Way □ Wood Preservation

□ Wood-Destroying Insect Inspection □ Aquatic

If the Business Licensee is licensed in the Wood-Destroying Organism Treatment category, does this business licensee provide Termite Treatments? □ Yes □ No

If Yes, Termite Damage due to Negligent Treatment Coverage in the amount of $100,000.00 minimum is required.

If the Business Licensee is licensed in the Wood-Destroying Insect Inspection category, does this business licensee provide Wood-Destroying Insect Inspection Reports? □ Yes □ No

I certify that I am a duly authorized representative of the insurance company and the company holds a valid certificate of authority or is permitted to transact surplus lines insurance in Arizona. When requested, the company agrees to furnish the OPM a complete copy of the policy, including endorsements.

Authorized Agent Name/Title (Please Print) __________________________

Date __________________________

Authorized Agent’s Signature __________________________

Check one: Filled out by Producer □ Filled out by Insurer □

**Wood-Destroying Insect Inspection Report Errors & Omissions**

ADA STAFF USE ONLY

Name: __________________________

Date Received: __________________________

Date Entered: __________________________

Persons with disabilities may request reasonable accommodations by contacting the Americans with Disabilities Act Coordinator at (602) 542-3578. Requests should be made as early as possible to allow time to arrange the accommodation.07/2016 – RLT