



Arizona Department of Agriculture

Office of Pest Management

1688 W. Adams Street, Phoenix, Arizona 85007
(602) 255-3664 FAX (602) 542-0466
www.azda.gov

NOTICE TO APPLICANTS

To satisfy the requirements for the Activation of a Qualifying Party License and apply for a New Business License, all items must be submitted to the Arizona Office of Pest Management for your application to be considered complete.

- Completed application on correct form
- Please visit the OPM websites Business Licensee Search at (<http://www.sb.state.az.us/PCBusSearch.php>), the Licensed Company Directory at (<http://www.sb.state.az.us/CompanyDirectory.php>), or contact OPM Licensing Staff to confirm that your proposed name is not similar to an existing business licensee. OPM approval does not exempt you from legal recourse should an existing licensee seek civil damages should they feel your business name is too similar to theirs.
- Completed Business License Application Supplement – including Ownership Status- Corporation and L.L.C. Applicants must provide a copy of the Articles of Organization or Incorporation from Corporation Commission
- Proof of required financial responsibility, pursuant to A.R.S. § 32-2313 (D)&(E), provided on the OPM Certificate of Insurance form
- Must hold a valid Qualifying Party License
- The Business Name must be registered with the Secretary of State as a registered trade name or on file with the Arizona Corporation Commission. Please provide a copy of the Registered Trade Name Certificate. Correct Payment of fees - \$125.00 to activate Qualifying Party License plus \$250.00 for a New Business License for a grand total of \$375.00

Once the OPM has received your completed application, the OPM Application Review Committee will review your application and make a recommendation to the Director of the OPM. This process may take 2 to 4 weeks. The Director may or may not follow the recommendation of the Application Review Committee. The applicant will be notified of the Director's decision in writing. If the Director denies the application, the applicant can appeal that decision to the Office of Administrative Hearings.



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New Business License and Activate Qualifying Party License Application

Fee Schedule: New Business License - \$250.00 + Activate Qualifying Party License - \$125.00

Grand Total = \$375.00

Qualifying Party:

Full Legal Name: _____ Qualifying Party License#: _____
(REQUIRED - First Name, Middle Name, Last Name – NO INITIALS)

Mailing Address: _____ City: _____ State: _____ ZIP: _____

Physical Address: _____ City: _____ State: _____ ZIP: _____

Telephone Number: _____ Email: _____

Date of Birth: _____ Social Security #: _____

For Qualifying Party Activation -- Please designate appropriate categories:

<input type="checkbox"/> B-1 General & Public Health Pest Management	<input type="checkbox"/> B-4 Fumigation	<input type="checkbox"/> B-7 Fungi Inspection
<input type="checkbox"/> B-2 Management of Wood-Destroying Insects	<input type="checkbox"/> B-5 Turf & Ornamental Horticulture	<input type="checkbox"/> B-8 Wood Destroying Insect Inspection
<input type="checkbox"/> B-3 Right of Way & Weed Management	<input type="checkbox"/> B-6 Antimicrobial Pest Management	<input type="checkbox"/> B-9 Aquatic Pest Management

Qualifying Party Signature: _____ Date: _____

Business License Applicant

ENTITY - SELECT ONLY ONE:

- SOLE PROPRIETOR
 PARTNERSHIP
 CORPORATION
 STATE
 SCHOOLS
 LIMITED LIABILITY COMPANY
 POLITICAL SUBDIVISION
 FEDERAL AGENCY

New Business License Applicant: (Please print clearly or type)

Entity Name: _____

Mailing Address: _____ City: _____ State: _____ ZIP: _____

Physical Address: _____ City: _____ State: _____ ZIP: _____

Email: _____

Business Information:

*Business Name: _____

Telephone: _____ Fax: _____

Mailing Address: _____ City: _____ State: _____ ZIP: _____

Physical Address: _____ City: _____ State: _____ ZIP: _____

Chemical Storage Address: _____ City: _____ State: _____ ZIP: _____

Applicants for a Business License must submit valid proof of financial responsibility and the Business License Application Supplement. Corporations, LLC., and Partnerships, shall include information as required in A.R.S. § 32-2313.*et seq.* Applicable fees must accompany this application. **Qualifying Party and Business Licenses expire on December 31 except that a new Qualifying Party or Business License issued in December is valid until December 31 the following year. *Must be registered with the Secretary of State as a registered trade name or on file with the AZ Corporation Commission.**

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)



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Business License Application Supplement

(Required information – Type preferred or Printed legibly - use additional sheets if necessary)

Manage: Describe how the Qualifying Party will be active in the daily management of the business including how often the Qualifying Party will be present at the primary office to determine pesticide use, storage, disposal, current inventory, and ensure that all applicators are licensed with in 90-days "of employment".

Supervise: Describe how the Qualifying Party will supervise the pest management services provide by the business.

Train & Equip: Describe the plans to provide training for all licensed and unlicensed applicators employed by the business.

Absence: If the Qualifying Party is absent for more than 30-days consecutively, describe the Business Licensee's contingency plan. (i.e. shut down operations until the QP returns, obtain a Temporary QP License in the interim, or apply to activate a different QP who will meet the requirements of A.R.S. § 32-2314 and A.A.C. R4-29-504)

Ownership: List the names of people who own at least 10 percent of the business. If a corporation, list the names of all corporate officers and the statutory agent. If a Limit Liability Company (LLC), list all LLC members. Federal Agencies, Schools, & Political Subdivisions, list who has the authority to make decisions and sign on behalf of the Federal Agency, School, & Political Subdivision.

Financial Responsibility: Describe how the business will comply with the financial responsibility requirements in A.R.S.32-2313. Please attach a copy of the proof of Financial Responsibility.

SEE ATTACHED PROOF OF FINANCIAL RESPONSIBILITY

ADA - OPM BUSINESS LICENSEE - PROOF OF FINANCIAL SECURITY

<p>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 <u>legible</u>.</p> <p>Do not send multiple copies of the proof of financial security unless requested by OPM staff.</p>	<p style="text-align: center;"><u>INSURED</u></p> <p>Business License Name (as licensed by OPM):</p> <p>Address:</p> <p>Phone:</p> <p>Fax / Email (optional):</p> <p>Existing Business Licensee? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes', provide the OPM Business License No.: _____</p>
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<p style="text-align: center;"><u>INSURER</u></p> <p>Name:</p> <p>Address:</p> <p>Phone:</p> <p>Fax / Email (optional):</p>	<p style="text-align: center;"><u>PRODUCER/BROKER</u></p> <p>Name:</p> <p>Address:</p> <p>Phone:</p> <p>Fax / Email (optional):</p>
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Policy Number	Eff. Date (mm/dd/yy)	Exp. Date (mm/dd/yy)	POLICY LIMITS	
			<u>Each Occurrence</u> (\$500K minimum)	\$
			<u>General Aggregate</u> (\$500K minimum)	\$
General Liability - Current law requires not less than \$500K for operations from insured's primary office and any branch office.			Termite Damage due to Negligent Treatment (\$100K minimum if applicable)	\$
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.			WDIIR or FIR E&O ** (\$100K minimum if applicable)	\$
			Deductible	<i>Do not leave blank</i> \$

If the Business License is licensed in the B2 (Management of Wood-Destroying Insects) 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 License is licensed in the B8 (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.

If the Business License is licensed in the B7 (Fungi Inspection) Category, does this business licensee provide Fungi Inspection Reports? Yes No
 If Yes, FIR Errors & Omissions Coverage in the amount of \$100,000.00 minimum is required.

I certify that the insurance or surety bond listed above has been issued to the insured for the period indicated, and complies with Arizona Revised Statutes § 32-2313 (D) (E). If financial responsibility is insurance, the insured shall maintain a coverage endorsement for pesticides and herbicides, fumigation, care custody and control, rights-of-way, wood-destroying insect inspection report errors and omissions, wood-destroying insect control, fungi inspection report errors and omissions, and pollution transit **for its applicable license categories**. Please check each license category below covered by this policy.

<input type="checkbox"/> B-1 General & Public Health Pest Management	<input type="checkbox"/> B-4 Fumigation	<input type="checkbox"/> B-7 Fungi Inspection
<input type="checkbox"/> B-2 Management of Wood-Destroying Insects	<input type="checkbox"/> B-5 Turf & Ornamental Horticulture	<input type="checkbox"/> B-8 Wood Destroying Insect Inspection
<input type="checkbox"/> B-3 Right of Way & Weed Management	<input type="checkbox"/> B-6 Antimicrobial Pest Management	<input type="checkbox"/> B-9 Aquatic Pest Management

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 <input type="checkbox"/> Filled out by Insurer <input type="checkbox"/>

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

OPM STAFF USE ONLY

Name:	Date Received:	Date Entered:
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