



GOVERNMENT OF THE UNITED STATES VIRGIN ISLANDS

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DEPARTMENT OF PLANNING AND NATURAL RESOURCES
ENVIRONMENTAL PROTECTION DIVISION

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Pesticide Business/Agency Registration Form

Business Contact Information:

- **Name of Business/Agency:** _____
- **Contact Person:** _____
Phone Number: _____
Email Address: _____
- **Contact Person:** _____
Phone Number: _____
Email Address: _____
- **Business/Agency Physical Address:**

- **Business/Agency Mailing Address:**

Type Of Pest Control Activities:

- | | |
|---|---|
| <input type="checkbox"/> Agricultural Pest Control | <input type="checkbox"/> Rights of Way Pest Control: |
| <input type="checkbox"/> Crop Pest Control | <input type="checkbox"/> Industrial, Institutional, & Structural Pest Control |
| <input type="checkbox"/> Livestock Pest Control | <input type="checkbox"/> Public Health Pest Control |
| <input type="checkbox"/> Ornamental and Turf Pest Control | <input type="checkbox"/> Regulatory Pest Control |
| <input type="checkbox"/> Aquatic Pest Control: | <input type="checkbox"/> Demonstration & Research Pest Control |
| <input type="checkbox"/> Antifouling Paints: | <input type="checkbox"/> Non-Soil Fumigation |
| <input type="checkbox"/> Swimming Pool Treatments: | |

INSTRUCTIONS: Please complete all of the requested information above. You must identify at least one contact person who is a certified pesticide applicator and check the boxes that apply to all pesticide activities conducted by your business for which that person is certified.

- Pursuant to Section 803-38 of the VI Pesticide Rules and Regulations, a pesticide business registration fee of \$500.00 must be paid every three years. An additional fee of \$50 will apply if the applications is submitted less than 30 calendar days prior to the expiration of the business registration or any time thereafter.
- A SEPARATE REGISTRATION IS REQUIRED EACH BUSINESS LOCATION WITHIN THE TERRITORY.
- The registration will expire three years after the date upon which the registration was issued.
- Pesticide Businesses/Agencies must also comply with the reporting requirements under Section 803-81.
- THIS FORM MUST BE ACCOMPANIED BY A COPY OF THE BUSINESS CERTIFICATE OF INSURANCE.

Responsible Pesticide Applicator License Number: _____

Name of Responsible Certified Applicator: _____

Signature of Responsible Certified Applicator: _____