



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

Please email Amendment  
 Form to:  
 pestcertcourses@dep.nj.gov

**Amendment to Applicator/ Dealer Business License**

**To make changes to the business insurance, please submit form VPI-001 Insurance Coverage Verification form**

<b>Business Name:</b> _____	<b>License #:</b> _____
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**Telephone:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Request to Change Business Name:** Signature of responsible certified applicator (RCA) is required.

New Business Name: \_\_\_\_\_

Signature of RCA/RCD: \_\_\_\_\_ Date: \_\_\_\_\_

**Request to Change Business Address:** Check the box for the type of address update and fill in the section below the checked box

<input type="checkbox"/> <b>Mailing Address:</b> <hr/> _____ Street or P.O. Box <hr/> _____ City                      State                      Zip code      County Code	<input type="checkbox"/> <b>Physical Address:</b> <hr/> _____ Street <hr/> _____ City                      State                      Zip code      County Code
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**Request to Add Certification Categories:** Signature of the applicator certified in the new categories is required.

Add Category	Category of Requested Change	License # of Employee	Remove Category from license	Add Category	Category of Requested Change	License # of Employee	Remove Category from license
<input type="checkbox"/>	1A-AGRICULTURAL PLANT			<input type="checkbox"/>	7E -WOOD PRESERVING		
<input type="checkbox"/>	1B-AGRICULTURAL ANIMAL			<input type="checkbox"/>	7F-ANTIFOULANTS		
<input type="checkbox"/>	2-FOREST			<input type="checkbox"/>	8A- GENERAL PUBLIC HEALTH		
<input type="checkbox"/>	3A-ORNAMENTALS			<input type="checkbox"/>	8B- MOSQUITO		
<input type="checkbox"/>	3B -TURF			<input type="checkbox"/>	8C- CAMPGROUND		
<input type="checkbox"/>	3C- INTERIOR PLANTSCAPE			<input type="checkbox"/>	8D-COOLING WATER		
<input type="checkbox"/>	4- SEED TREATMENT			<input type="checkbox"/>	8E-SEWER LINE ROOT CONTROL		
<input type="checkbox"/>	5-AQUATIC			<input type="checkbox"/>	8F-PET GROOMING		
<input type="checkbox"/>	6B- RIGHT-OF-WAY			<input type="checkbox"/>	11- AERIAL		
<input type="checkbox"/>	7A-GENERAL & HOUSEHOLD PEST			<input type="checkbox"/>	12A- WATER SANITATION		
<input type="checkbox"/>	7B-TERMITES & OTHER WOOD DESTROYING			<input type="checkbox"/>	12B- STERILIZATION		
<input type="checkbox"/>	7C-FUMIGATION			<input type="checkbox"/>	13-IPM IN SCHOOLS		
<input type="checkbox"/>	7D-FOOD PROCESSING						

Name of Applicator(s): \_\_\_\_\_ License Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Request to Change Responsible Certified Applicator/Dealer:** *Signature of new RCA/RCD is required.*

Former Responsible Certified Applicator/Dealer

Name: \_\_\_\_\_ Applicator License Number: \_\_\_\_\_

New Responsible Certified Applicator/Dealer

Name: \_\_\_\_\_ Applicator License Number: \_\_\_\_\_

Signature of New RCA/RCD: \_\_\_\_\_ Effective Date: \_\_\_\_\_

**Request to delete business license:** *Signature of RCA/RCD is required.*

Signature of RCA/RCD: \_\_\_\_\_ Date: \_\_\_\_\_

**COUNTY CODES**

01 - Atlantic County  
 02 - Bergen County  
 03 - Burlington County  
 04 - Camden County  
 05 - Cape May County  
 06 - Cumberland County  
 07 - Essex County

08 - Gloucester County  
 09 - Hudson County  
 10 - Hunterdon County  
 11 - Mercer County  
 12 - Middlesex County  
 13 - Monmouth County  
 14 - Morris County

15 - Ocean County  
 16 - Passaic County  
 17 - Salem County  
 18 - Somerset County  
 19 - Sussex County  
 20 - Union County  
 21 - Warren County  
 22 - Outside of NJ

Please note that not all fields require a signature. Please check the boxes in headings for the types of amendments you require and fill in the requested information. The first section of this form is a required field.