Pesticide Dealer Registration

All persons who wish to sell or distribute Restricted-Use or Permit-Use pesticides in the State of Connecticut must initially pass an exam offered by the department and register annually with the department. To apply to take the exam and obtain your Pesticide Dealer Registration this completed form and fee must be submitted. For renewals this completed form, including the Restricted/Permit Sales Report, if applicable, and fee must be submitted by October 31 of each year to the address indicated at the end of this form. Late fees for renewals will be applied as described below.

Print legibly or type unless otherwise noted. Retain a copy for your records.

Part I: Registration Type and Fee Information

<table>
<thead>
<tr>
<th>Registration Type</th>
<th>License Fee</th>
<th>Examination Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Registration</td>
<td>*See note below</td>
<td>$200.00 [923]</td>
</tr>
<tr>
<td>Retake of an examination</td>
<td>*See note below</td>
<td>$200.00 [923]</td>
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<tr>
<td>Renewal Registration</td>
<td><strong>$120.00 [924]</strong></td>
<td><strong>Late fees for renewals are as follows:</strong></td>
</tr>
<tr>
<td>1. Dealer Registration Number:</td>
<td></td>
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<tr>
<td>2. Year of Registration: November 1, to October 31,</td>
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*Note: When the registrant passes the exam, they will be invoiced for an additional $120.00 to obtain their Dealer Registration. The application will not be processed without the applicable fees. The fee shall be non-refundable and shall be paid by check or money order to the Department of Energy and Environmental Protection.

Part II: Registration Information

1. Name of Person Registered or to be Registered:
   - Business Address:
     - City/Town: State: Zip Code:
     - Company Phone: ext. Cell Phone: 
   *E-mail Address:

2. Employer
   - Name of Company:
   - Company Mailing Address:
     - City/Town: State: Zip Code:
     - Company Phone: ext. 
   *E-mail Address:
**Part III: Site Information**

1. **Type of Company:** (check one)
   - [ ] Farm Supply
   - [ ] Garden Center
   - [ ] Hardware
   - [ ] Department Store
   - [ ] Salesman or Manufacturing Representative
   - [ ] Other (please specify): ____________________________

2. **Physical location address of Storage Area:**
   - Address: ____________________________
   - City/Town: ____________________________
   - State: ____________________________
   - Zip Code: ____________________________

3. **Type of Storage Area:**

4. **Annual Sales Report:** Were there any restricted or permit-use pesticide sales for the period October 1 – September 30 of the previous calendar year?
   - [ ] Yes
   - [ ] No

   If yes, submit a completed sales report form for the Company (attached). Even if your registration is not being renewed, you must still submit a completed sales report if any restricted or permit-use pesticides were sold during the time period specified above.

   [ ] Check this box if pesticide sales have been reported by another Certified Dealer and provide that individual's name and certification number.

   - Name: ____________________________
   - Dealer Certification No. ____________________________

**Part IV: Certification of Accuracy**

“I have personally examined and am familiar with the information submitted in this document and all attachments thereto, and I certify that based on reasonable investigation, including my inquiry of those individuals responsible for obtaining the information, the submitted information is true, accurate and complete to the best of my knowledge and belief. I understand that a false statement in the submitted information may be punishable as a criminal offense, in accordance with section 22a-6 of the General Statutes, pursuant to section 53a-157b of the General Statutes, and in accordance with any other applicable statute.”

*Future renewal notices will be sent by e-mail only.* By providing your e-mail address in Part II of this registration form, you are agreeing to receive official correspondence from the department, at that electronic address, concerning the subject application. Please remember to check your security settings to be sure you can receive e-mails from “ct.gov” addresses. Also, please notify the department if your e-mail address changes.

<table>
<thead>
<tr>
<th>Signature of Applicant</th>
<th>Date</th>
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Please submit this completed registration, including the attached sales report form, if applicable, and fee to:

CENTRAL PERMIT PROCESSING UNIT
DEPARTMENT OF ENERGY AND ENVIRONMENTAL PROTECTION
79 ELM STREET
HARTFORD, CT 06106-5127

If you have any questions, please email the Pesticide Management Program at: DEEP.PesticideProgram@ct.gov

Notes:
- If a person registered as a dealer leaves the employment of a company which sells or distributes Restricted-Use or Permit-Use pesticides in the State of Connecticut, a new person under the employment of such company must be registered.
- Each location of a company selling Restricted-Use or Permit-Use pesticides in the State of Connecticut must have a registered dealer.
Sales Report Form
Restricted-Use or Permit-Use Pesticides

DEALER NAME: ________________________________

DEALER REGISTRATION NUMBER: ________________________________

COMPANY NAME/ADDRESS: _______________________________________

Time period: October 1, ______ - September 30, ______

<table>
<thead>
<tr>
<th>Date of SALE</th>
<th>License or Permit #</th>
<th>Purchaser: Certified Applicator/Permit Holder NAME</th>
<th>No. of Units</th>
<th>Wt./Vol Each Unit</th>
<th>Total Wt./Vol Sold</th>
<th>Pesticide Purchased</th>
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<tr>
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<td>EPA Number</td>
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<td>Trade Name</td>
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<td>Manufacturer</td>
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Rev. 10/30/18