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**(FORM ES-775) (12/15)**

**RETURN TO:  
Government of the District of Columbia**

**Department of Energy and Environment**

**Toxic Substance Division/Hazardous Materials Branch**

**Pesticide Program**

**1200 First Street, N.E., 5th Floor**

**Washington, D.C. 20002**

**Ph. (202) 535-2600**

**Email: Baldwin.Williams@dc.gov**

**PRELIMARY APPLICATION FOR A PESTICIDE OPERATOR’S LICENSE**

TYPE OR PRINT IN INK

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Complete Business Name/If Corporation Use Corporate Name

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Trade Name of Business Telephone Number

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Residence Address (P.O. Boxes not accepted)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City State Zip Code

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address (if different from Item C) Email Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City State Zip Code

**(E) If Applicant (Item A) is a:**

**/ / Sole Proprietor / / Corporation / / Government Agency / / Other (Specify)**

List Partners, Officers, and Titles below:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. If a Corporation:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State of Incorporation Year of Incorporation

**(G)** 1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Resident Agent Telephone Number

2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

D.C. Residence Address of Agent (No. P.O. Boxes) Street

**(H)** Are you, or have you ever been licensed to do business as a

“Pesticide Operator” in any other locality? / / Yes / / No.

IF YES, Provide copy of current License Permit or Registration and

Provide details below:

STATE WHEN (DATE) REGISTRATON, PERMIT CATEGORIES OF

OR LICENSE NUMBER OPERATION

\_1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Has any licensing agency denied, suspended or revoked your Pesticide Operator registration, permit or license? Yes / / or No / / . If YES, provide details on a separate sheet.

**(J)** This business performs (or plans to perform) Pest Control Services in the following categories (CHECK APPROPRIAE BOXES).

**CATEGORIES**

3. Ornamental and Turf Pest Control: 8. / / Public Health Pest

A. / / Exterior Ornamental Plants Control 9. / / Regulatory Pest

B. / / Lawns and Turf

C. / / Interior Ornamental Plants Control

5. / / Aquatic Pest Control 10. / / Demonstration and

(not Including Swimming Research Pest Control

Pool – see Category 11)

6. / / Right of Way Pest 11. / / Miscellaneous Pest

Control Control

(Including Swimming

7. Industrial, Institutional, Pools, Antifouling Paint,

Structural and Health Related Aerial Application,

Pest Control Wood Preservation,

A. / / General Cooling Towers,

B. / / Wood Destroying Organisms Sewer Line Treatment,

C. / / Bird Util. Pole Treatment.)

D. / / Fumigation

E. / / Rodent

F. / / Industrial Weed

**This is to certify that the above information is true and accurate to the best of my knowledge and that I agree to comply with the provisions of the District of Columbia Pesticide Operations Act. I understand that falsification of any information on this application may lead to denial, suspension or revocation of my certificate or license.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

DATE Signature of: Owner/Partner/Agency Official

Print Name & Title