



Connecticut Department of Energy & Environmental Protection
 Bureau of Materials Management & Compliance Assurance
 Waste Engineering & Enforcement Division

Registration Form for Arborist or Pesticide Application Business

Print or type unless otherwise noted. Retain a copy for your records. **Each business location and/or name must be registered separately.** Renewal forms must reach the DEEP on or before August 31st.

CPPU USE ONLY
App #: _____
Doc #: _____
Check #: _____
Program: Pesticide Management

Please also use this form to report change of address, contact information, responsible party and additions or deletions of employees in writing within thirty (30) days of the change. BE SURE TO CHECK "CHANGES" BOX IN PART I BELOW.

Submit this completed form to the address indicated at the end of this form.

Part I. Registration Type

Check the appropriate box(es) identifying the registration type.

This registration is for (check all that apply):	Check one registration type:
<input type="checkbox"/> Arborist Business <input type="checkbox"/> Pesticide Application Business	<input type="checkbox"/> A new registration <input type="checkbox"/> A renewal of an existing business registration** <input type="checkbox"/> Changes/update information (no fee) <input type="checkbox"/> Cancel/ no longer in business as of _____ (no fee)
For renewals, changes, cancellations - enter existing registration number: B- _____	

Part II: Registrant/Business Information

1. Business Name (Registrant):
 Mailing Address:
 City/Town: _____ State: _____ Zip Code: _____
 Phone: _____ ext. _____ Fax: _____
 *E-mail: _____

*By providing this e-mail address you are agreeing to receive official correspondence from the department, at this 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.

a) Registrant Type (check one):
 i) check type: corporation limited liability company limited partnership
 limited liability partnership statutory trust Other: _____
 ii) provide Secretary of the State business ID #: _____ This information can be accessed at *the Secretary of State's database (CONCORD)*. (www.concord-sots.ct.gov/CONCORD/index.jsp)
 iii) Check here if your business is **NOT** registered with the Secretary of State's office.

Part II: Registrant/Business Information (continued)

2. Responsible Party (individual responsible for above named business) (SECTION MUST BE FULLY COMPLETED):

Name:

Residential address:

City/Town:

State:

Zip Code:

Phone:

Cell Phone:

Part III: Fee Information

Number of Certified Applicators in Business (include business owner and/or subcontractor) (check all that apply):	Fees
<input type="checkbox"/> Pesticide Application: More than one certified applicator in business (include business owner and/or subcontractor)	Annual fee of \$240 must be submitted with completed application. Renewal applications received after September 14 th are subject to late fees, refer to the schedule below**. [#926]
<input type="checkbox"/> Pesticide Application: One certified applicator in business (include business owner and/or subcontractor)	Business is exempt from \$240 annual fee. If business has or subcontracts any additional applicators, the \$240 fee must be submitted to the DEEP. If the business performs Arboriculture the \$240 fee must be submitted to the DEEP. (LATE FEES DO NOT APPLY)
<input type="checkbox"/> Arborist Business Registration	Annual fee of \$240 must be submitted with completed application. Renewal applications received after September 14 th are subject to late fees, refer to the schedule below**. [#926]. No exemption for only one licensed arborist. Arborist business does not have to pay an additional \$240 annual fee if it is also registering as a pesticide application business with DEEP and will be paying the \$240 annual fee.

The application will not be processed without the fee. The fee **shall be non-refundable** and shall be paid by check or money order to the Department of Energy and Environmental Protection. **Please contact the Pesticide Management Program at DEEP_PESTICIDEPROGRAM@CT.GOV with questions regarding fees.**

**Late fees for renewals are based upon a percentage of the \$240 annual registration fee as follows. These fees are established by CGS section 22a-6f and cannot be waived:

- 14-30 days late (September 14 – September 30): 10% = **\$24**;
- 31-60 days late (October 1 – October 31): 20% = **\$48**;
- 61-90 days late (November 1 – November 30): 40% = **\$96**;
- 91-120 days late (December 1 – December 31): 50% = **\$120**;
- greater than 120 days late after August 31: 65% = **\$156**

Part IV: Site Information

Physical Business Location Address (**MUST BE PROVIDED**) (do not use PO Box addresses)

Street Address:

City/Town:

State:

Zip Code:

Part VII: Subcontracting Information

If you are subcontracting your commercial pesticide applications or arboricultural work, please complete this section.

Business Name and Mailing Address of Subcontractor			
Business Name:	Business Reg. No. B-		
Mailing Address:			
City/Town:	State:	Zip Code:	
Phone:	ext.	Fax:	
E-mail:			
Contact Name:	Phone:		
E-mail:			
<input type="checkbox"/> Check here if submitting an additional sheet(s) – Sheet (including certification) must be completed for each subcontractor used.			

Part VIII: Certification of Accuracy

The registrant **and** the subcontractor(s), if applicable, must sign this part. A registration will be considered incomplete unless all required signatures are provided.

<p>“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.”</p> <p>I understand that future correspondence, including renewal notices for this business registration, will be sent by e-mail only to the e-mail address that has been provided on page one of this application and that I am responsible to notify the DEEP of changes to the information contained in this application within thirty (30) days.</p>	
Signature of Responsible Party	Date
Printed Name of Responsible Party	Title (if applicable)
Signature of Subcontractor Responsible Party (if applicable)	Date
Printed Name of Subcontractor Responsible Party (if applicable)	Title (if applicable)

Mail completed Registration Form for Arborist or Pesticide Application Business and fee (if applicable) to:

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