



NH DEPARTMENT OF AGRICULTURE, MARKETS & FOOD

Division of Pesticide Control

PO Box 2042

Concord NH 03302-2042

(603) 271-3550

New Hampshire Licensing Requirements

WHAT IS NEEDED TO COMMERCIALY APPLY PESTICIDES (FOR HIRE)?

1. Supervisory Level License
2. Register Business or Branch Office
3. Proof of Insurance Coverage

HOW DO I OBTAIN A SUPERVISORY REGISTRATION CERTIFICATE – GENERAL USE?

In New Hampshire, under the Pesticide Control Law – RSA 430, and the Code of Administrative Rules of the Pesticide Control Board, every firm or branch office must have at least one Supervisory Level License holder. To become licensed for General Use products in categories B and G2, a person must attend training seminars as described in Pes 303.01(e).

In addition, the person must fulfill all the requirements of Pes 503.03, including being designated by the firm or company to be in a managerial or supervisory position, and be actively supervising employees applying pesticides.

Any person pursuing a Supervisory Registration Certificate – General Use must first complete a Resume form supplied by the Division. Verification of training seminars is the applicant's responsibility. Once completed in full, submit the resume form with all verification documents to the Division. **Do not send license or exam application or fees with the Resume Application.** After the resume is reviewed, the applicant will receive a written response, usually within thirty days, as to whether the training requirement has been met.

WHAT EXAMINATIONS ARE REQUIRED?

If the resume is accepted the applicant must schedule to take the written examination. Once the applicant has passed the written examination, an oral examination will follow at a later date as scheduled by the Division. A list of study materials will be sent to you with the acceptance letter. Study materials are available from the University of New Hampshire.

HOW DO I REGISTER THE BUSINESS?

A firm Registration Form will be sent to you with your acceptance letter. This will register the business or branch office as well as the Supervisory Level License holder. Once all licensing requirements have been met, the Division assigns the business or branch office a NHPC# to identify your vehicles.

WHAT ARE THE INSURANCE REQUIREMENTS?

Proof of Insurance coverage is required at the time of initial licensing as well as at renewal time each year. The minimum coverage required for Ground Applications is Bodily Injury Liability - \$50,000 each occurrence, \$100,000 aggregate; Property Damage - \$50,000 each occurrence. The minimum coverage required for Aerial Applications is Bodily Injury Liability - \$100,000 each occurrence, \$300,000 aggregate; Property Damage - \$100,000 each occurrence. Such coverage shall be detailed in a Certificate of Insurance as issued by the insurance company.

HOW DO I OBTAIN OPERATIONAL LICENSES FOR OTHER EMPLOYEES?

Companies and branch offices with at least one Supervisory Level License holder may apply for Operational Level Licenses for other employees as needed. An Operational License requires a written examination, although there is no five-year requirement to be met. There is no oral exam as required for the Supervisory Level License holder. A person must be employed at the company and covered under the company's insurance in order to proceed with the examination leading to licensing.

WHERE CAN I OBTAIN MORE INFORMATION?

All questions pertaining to licensing or certification should be directed to the Division of Pesticide Control at (603) 271-3694.



NEW HAMPSHIRE DEPARTMENT OF AGRICULTURE, MARKETS AND FOOD

Division of Pesticide Control
PO Box 2042, 25 Capitol Street
Concord, NH 03302-2042
(603) 271-3550

RESUME FORM – SUPERVISORY REGISTRATION CERTIFICATE – GENERAL USE

All applicants for a Commercial Applicator For Hire Supervisory Registration Certificate – General Use must complete this form in full and submit it prior to admittance to the supervisory level exam.

NAME_____

MAILING ADDRESS_____

STREET ADDRESS_____ PHONE_____

CITY/STATE_____ ZIP_____

FIRM NAME_____

FIRM ADDRESS_____ PHONE_____

CITY/STATE_____ ZIP_____

1. Check category(ies) you wish to become licensed in:

___ (B) Right-of-Way, and Commercial Weed & Brush Control

___ (G2) Turf Pest Control

2. What is your license history?

Years licensed_____

States licensed in_____

Category(ies) of licensing_____

This information must be verified. Enclose copies of all licenses held. If old licenses are not available, a letter from the State Pesticide Agency verifying the necessary information will be acceptable.

3. List of training seminars attended (Attach certificate of attendance for each seminar):

4. Please complete the following information relating to experience working with pesticides. It is your responsibility to provide us letters of reference or other documents verifying your work experience.

A) Firm_____ Dates employed_____
Address(city, state, zip)_____
Supervisor's name_____ phone_____
Supervisor's address(city, state, zip)_____
Licensed in which category(ies)_____

B) Firm_____ Dates employed_____
Address(city, state, zip)_____
Supervisor's name_____ phone_____
Supervisor's address(city, state, zip)_____
Licensed in which category(ies)_____

6. The person designated to be the **Principle Supervisory License Holder in NH** hereby attests, by signature, that the applicant is designated by the company to be in a managerial or supervisory position and actively supervising other employees applying pesticides.

Principle Supervisor's Signature

Date

****NOTE: The decision concerning acceptance or denial of an applicant for the supervisory exams is based on the information you supply. Incomplete forms will not be accepted for consideration.****

Applicant's Signature

Date