State of Nebraska

Department of Agriculture
Animal and Plant Health Protection
P.O. Box 94756
Lincoln, Nebraska 68509

APPLICATION for LICENSE to DISTRIBUTE PESTICIDES

In accordance with Section 2-2635 of the Nebraska Pesticide Act, any person who distributes, at wholesale or retail or possesses pesticides with an intent to distribute them, is required to obtain a pesticide dealer license for each distribution location.

Please print or type

Return this form, along with a fee of $25 (check or credit card).

1.	Business or establishment name	Telephone ( ) Fax ( )
	Street Address	Contact person
	City/state/zip	E-mail
2.	Mailing Address (If different than above)	City/state/zip
3.	Type of ownership: ❑ Corporation (complete #5 below) ❑ Sole Proprietorship (complete citizenship statement page 2) ❑ Partnership (complete #4 below) ❑ Cooperative (complete #4 below) ❑ Other (explain) (complete #4 below)	If the applicant is a corporation, under the law of which state has it been formed?
4.	Legal entity/owner's name (If different than above)	Telephone ( ) Fax ( )
	Address	Contact person
	City/state/zip	E-mail
5.	Corporate Office name (If different than above)	Telephone ( ) Fax ( )
	Address	Contact person/Title
	City/state/zip	E-mail

6. Person authorized to receive notices and orders from the Nebraska Department of Agriculture (if different than #1)
NOTE: Person listed must be a Nebraska resident – see instructions on reverse side.

Last name	First name	M.I.	Title

Address	City/state/zip

7. This business will engage in: *(Check all that apply)*

- ❑ Selling or distributing general use pesticides
- ❑ Selling or distributing restricted-use pesticides
- ❑ Storing pesticides
- ❑ Applying pesticides
- ❑ Selling or distributing "bulk" pesticides (>55 gal.)
- ❑ Providing pesticide recommendations
- ❑ Business activity – primarily with agriculture (>80% by vol.)
- ❑ Business activity – primarily with home-use products
- ❑ Business activity – primarily with structural pest control

8. First name of person completing this application	Last name	Title

I am aware of and will comply with all recordkeeping requirements related to the sale of RUPs in Nebraska:

Sign ☛ _____ Date _____ Telephone _____
(Owner, partner, or corporate officer)

*****FOLLOW INSTRUCTIONS ON REVERSE SIDE*****

Return this form, along with a fee of $25 (check or credit card), to Animal and Plant Health Protection at the above address.

Billing Address for Credit Card _____

Credit Card No. (Visa/MasterCard) _____ ***Exp Date*** _____ ***CVV*** _____

Applications returned with missing information will not be accepted and will be returned to the applicant.

INSTRUCTIONS

WHO MUST APPLY?

- Except for the exemptions, all persons who distribute within or into the state of Nebraska at wholesale or retail, or who possess pesticides with an intent to distribute them, are required to be licensed as a pesticide dealer for each distribution location. This includes distribution from an internet site.
- Any manufacturer, registrant, or distributor who has no pesticide dealer outlet licensed within the state and who distributes such pesticides directly into the state is required to obtain a pesticide dealer license for his, her, or its principle out-of-state location or outlet.
- All applicants located outside the state are required to file with the Nebraska Department of Agriculture (NDA) a written instrument designating a resident agent for service of process in actions taken in the administration and enforcement of this act. In lieu of designating a resident agent, the applicant may designate the Secretary of State as the recipient of service of process for the applicant in this state.

APPLICATION DEADLINES AND FEES

- All applications for an initial pesticide dealers license are required to be submitted prior to commencing business as a pesticide dealer in Nebraska.
- Applications for renewal of pesticide dealer licenses are required to be submitted to NDA prior to January 1 of each year.
- All applications are to be accompanied by an annual license fee of $25.
- Renewal applications not filed before January 1 each year shall be assessed a late fee of 25% per month in addition to the license fee. Total fees due shall not exceed 100% of the license fee.

COMPLETING THE FORM

Section 1: Enter the name and street address of the establishment to be licensed. This should be the actual pesticide distribution site. Provide the name, telephone number, fax number, and e-mail address of the person to be contacted for general correspondence and renewal notices.

Section 2: Enter the mailing address of the establishment, if different than the street address.

Section 3: Partnership includes all types of partnerships, such as general, limited, and joint venture. A corporation includes all types of corporations, such as "C" corporations, "S" corporations, nonprofit, domestic, and foreign corporations. If your business is owned by an entity that is not listed, please check the "Other" box and explain the type of organization under which you are operating.

Section 4: Enter the name, address, telephone number, fax number, and e-mail address of the person or entity who owns the business from where the pesticides are distributed. If the information is exactly the same as #1, then enter "Same" in this section.

Section 5: Enter the name, address, telephone number, and fax number of the corporate office. Enter the name and e-mail of the contact person at the corporate office.

Section 6: Enter the name and address of the person who should be receiving copies of any notices, orders, or correspondence from NDA. This person must be eligible to receive notice and respond to any actions taken by the Department. **APPLICANTS LOCATED OUTSIDE THE STATE OF NEBRASKA MUST DESIGNATE A RESIDENT AGENT, OR THEY MAY DESIGNATE THE SECRETARY OF STATE IN THIS SECTION.**

Section 7: Self explanatory.

Section 8: Self explanatory.

Signature: Application must be signed by an owner, partner, or corporate officer.

EXEMPTIONS

Persons claiming one of the following pesticide dealer license exemptions should check the appropriate box and complete the requested information in this section. Return this form to the Nebraska Department of Agriculture, Bureau of Plant Industry, even if the exemption portion of this form is the only section needing completion. **No fees are required when submitting a dealer license exemption request.**

- ❑ I am a licensed commercial or noncommercial applicator who uses restricted-use pesticides only as an integral part of a pesticide application service. I do not distribute any unapplied pesticides.
- ❑ I sell only pesticide products in containers holding 50 pounds or less by weight or one gallon or less by volume. I do not sell any restricted-use pesticide or bulk pesticides.
- ❑ I currently do not sell any pesticides.

Complete the following if one of the above exemptions has been claimed. Indicate which exemption you are claiming and submit your signed statement to this effect below.

Business name: _____

Address: _____

City/state/zip: _____

Telephone: _____

Corporate office or owner name (if different than above): _____

Address: _____

City/state/zip: _____

Telephone: _____

This exemption claimed above accurately describes my business activity.

_____

Signature

_____

Title

_____

Date

United States Citizenship Attestation Form

For the purpose of complying with Neb. Rev. Stat. §§4-108 through 4-114, I attest as follows:

- ❑ I am a citizen of the United States.

or

- ❑ I am a qualified alien under the federal Immigration and Nationality Act, my immigration status and alien number are as follows: _____, and I agree to provide a copy of my USCIS documentation upon request.

I hereby attest that my response and the information provided on this form and any related application for public benefits are true, complete, and accurate, and I understand that this information may be used to verify my lawful presence in the United States.

_____ _____

Signature Date

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