



**Connecticut Department of  
Energy & Environmental Protection**  
Bureau of Materials Management & Compliance Assurance  
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 31<sup>st</sup>.

**Report change of address or other changes in your business operations in writing within thirty (30) days to the DEEP, Bureau of Materials Management and Compliance Assurance, Pesticide Management Program, 79 Elm Street, Hartford, CT 06106-5127.**

CPPU USE ONLY	
App #:	_____
Doc #:	_____
Check #:	_____
Form #:	_____
Date of Expiration:	_____
Business Registration No. B-	_____
<b>Program: Pesticide Management</b>	

## 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 <input type="checkbox"/> Pesticide Application	<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>B-</b> _____	

## Part II: Business Information

1. Business Name:		
Mailing Address:		
City/Town:	State:	Zip Code:
Physical Business Location Address [No PO Box]:		
City/Town:	State:	Zip Code:
Phone:	ext.	Fax:
*E-mail Address:		
2. Responsible individual for above named business:		
Name:		
Residential address:		
City/Town:	State:	Zip Code:
Phone:	Cell Phone:	
*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.		





## Part VII: Subcontracting Information

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

1. Business Name and Mailing Address of Subcontractor			
Business Name:	Business Reg. No. <b>B-</b>		
Mailing Address:			
City/Town:	State:	Zip Code:	
Phone:	ext.	Fax:	
E-mail:			
<input type="checkbox"/> Check here if additional sheets are necessary, and label and attach them to this sheet.			

## Part VIII: 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.”	
Signature of Applicant	Date
Printed Name of Applicant	Title (if applicable)
Signature of Certified Supervisor Pesticide Applicator for Subcontractor (if applicable) or Arborist	Date
Printed Name of Certified Supervisor Pesticide Applicator for Subcontractor or Arborist	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