



Arizona Department of Agriculture

Pest Management Division

Physical: 1010 West Washington Street, Phoenix, Arizona 85007
Mailing: 1802 West Jackson Street, No. 78, Phoenix, Arizona 85007
(602) 542-3578 FAX (602) 542-0466

<https://agriculture.az.gov/> <https://opm.azda.gov>

Qualifying Party Registration for an Existing Business **Application Requirements**

A complete application includes:

Information about the QA – including the Qualified Applicators Full Name, Arizona Pest Management Division (PMD) Qualified Applicator Certification #, Certification Category(s) which are being applied to register, Signature and Date.

Information about the business – including the Business License name (as Licensed by PMD) and Business License Number

The Application Fee – \$35.00 for New Qualifying Party Registration Application or \$15.00 for Broadening Qualifying Party Registration Application

Proof of Financial Security – Proof of required financial responsibility, pursuant to A.R.S. § 3-3615, provided on the PMD Proof of Financial Security form

The Process:

Once the application is both administratively and substantively complete, the application will be processed in accordance with Arizona Administrative Code R3-8-107. The applicant must complete/provide all of the following in order to be considered complete:

- Complete Qualifying Party Registration for an Existing Business Application
- Applicable Application Fee
- Proof of Financial Security required by A.R.S. § 3-3615

Exclusion:

An applicator shall be of good moral character. A conviction for a felony or a misdemeanor involving moral turpitude may demonstrate a lack of good moral character. A conviction for any of the following offenses shall be considered to demonstrate a lack of good moral character:

1. Murder involving the death of a law enforcement officer.
2. An offense described in A.R.S. § 13-2308.01 related to terrorism.
3. A sexual offense of any type where the victim is a minor that is a class 4 or higher felony.



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Qualifying Party Registration for an Existing Business License Application

Fee Schedule: New Qualifying Party Registration - \$35.00 or Broaden Qualifying Party Registration - \$15.00

Qualifying Party:

Full Legal Name: _____ Qualified Applicator Certification No.: _____
(REQUIRED - First Name, Middle Name, Last Name – NO INITIALS)

For Qualifying Party Registration -- Please designate appropriate categories:

<input type="checkbox"/> Industrial & Institutional (1)	<input type="checkbox"/> Ornamental & Turf (3)	<input type="checkbox"/> Fumigation (6)
<input type="checkbox"/> Wood-Destroying Organism Inspection & Treatment (2A)	<input type="checkbox"/> Right-of-Way (4)	<input type="checkbox"/> Wood Preservation (7)
<input type="checkbox"/> Wood-Destroying Insect Inspection (2B)	<input type="checkbox"/> Aquatic (5)	

Qualified Applicator Signature: _____ Date: _____

Business Information:

*Business Name: _____ PMD License No.: _____

Applicable fees must accompany this application. Fees are not refundable. **Qualifying Party and Business Licenses expire on May 31st of each year except that a new Business license and Qualifying Party registration issued this calendar year shall expire May 31st of the following year.**

By signing this application, I affirm that I have read and understand the information contained herein and attest that all information provided is true and correct.

Authorized Signature**: _____ Date: _____
(**Authorized Signature – Sole Proprietor, Managing Partner, or Corporate Officer only)

ADA STAFF USE ONLY

Name:	Date Received:	POS #
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PROOF OF FINANCIAL SECURITY

<p>Proof of Financial Security must be submitted before expiration date or the license is automatically suspended. Electronic format will be accepted only if the form is signed and <u>legible</u>.</p> <p>Do not send multiple copies of the proof of financial security unless requested by PMD staff.</p>	<p><u>INSURED:</u> Business License Name (as licensed by the Department): _____</p> <p>PMD License No. _____</p> <p>Address: _____ _____</p> <p>Phone: _____ Fax / Email (optional): _____</p>			
<p style="text-align: center;"><u>UNDERWRITER/INSURER</u></p> <p>Name: _____</p> <p>Address: _____ _____</p> <p>Phone: _____ Fax / Email (optional): _____</p>	<p style="text-align: center;"><u>PRODUCER/BROKER</u></p> <p>Name: _____</p> <p>Address: _____ _____</p> <p>Phone: _____ Fax / Email (optional): _____</p>			
Policy Number	Eff. Date (mm/dd/yyyy)	Exp. Date (mm/dd/yyyy)	POLICY LIMITS	
			<u>Each Occurrence</u> (\$500K minimum)	\$
			<u>General Aggregate</u> (\$500K minimum)	\$
General Liability - Current law requires not less than \$500K for operations from insured's primary office and any branch office.			Termite Damage due to Negligent Treatment (\$100K minimum if applicable)	\$
Deductible – Cannot exceed 1% of total financial security of the policy.			WDIIR** (\$100K minimum if applicable)	\$
Notice of policy changes - Should the policy be cancelled, revoked or fall below the minimum limits, or if the deductible is increased to greater than 1% of the total financial responsibility, the insurer will mail written notice to the Arizona Pest Management Division within thirty (30) days.			<u>Deductible</u> - <i>Do not leave blank</i> \$0 minimum	\$
<p>If the Business License is licensed in the Wood-Destroying Organism Treatment Category, does this business licensee provide Termite Treatments? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, Termite Damage due to Negligent Treatment Coverage in the amount of \$100,000.00 minimum is required.</p>				
<p>If the Business License is licensed in the Wood-Destroying Organism Treatment or Wood-Destroying Insect Inspection Category, does this business licensee provide Wood-Destroying Insect Inspection Reports? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, WDIIR Errors & Omissions Coverage in the amount of \$100,000.00 minimum is required.</p>				
<p>I certify that the insurance or surety bond listed above has been issued to the insured for the period indicated, and complies with Arizona Revised Statutes § 3-3615. If financial responsibility is insurance, the insured shall maintain a coverage endorsement for pesticides and herbicides, fumigation, care custody and control, rights-of-way, wood-destroying insect inspection report errors and omissions, wood-destroying organism management, and pollution transit <i>for its applicable license categories</i>. Lastly, <i>the deductible does not exceed 1% of the total financial security of this policy.</i></p> <p>Please check each license category below covered by this policy.</p>				
<input type="checkbox"/> Industrial & Institutional (1)		<input type="checkbox"/> Ornamental & Turf (3)		<input type="checkbox"/> Fumigation (6)
<input type="checkbox"/> Wood-Destroying Organism Inspection & Treatment (2A)		<input type="checkbox"/> Right-of-Way (4)		<input type="checkbox"/> Wood Preservation (7)
<input type="checkbox"/> Wood-Destroying Insect Inspection (<i>only</i>) (2B)		<input type="checkbox"/> Aquatic (5)		
<p>I certify that I am a duly authorized representative of the insurance company and the company holds a valid certificate of authority or is permitted to transact surplus lines insurance in Arizona. When requested, the company agrees to furnish the PMD a complete copy of the policy, including endorsements.</p>				
Authorized Agent Name/Title (Please Print) _____			Date _____	
Authorized Agent's Signature _____			<p>Check one: <input type="checkbox"/> Filled out by Producer/Broke</p> <p><input type="checkbox"/> Filled out by Insurer</p>	



Proof of Financial Security

Please Reference Arizona Revised Statute **3-3615** for specific details.

The Arizona Department of Agriculture (AZDA) - Pest Management Division (PMD) will only accept the Proof of Financial Security document located on the AZDA website (<https://agriculture.az.gov/download-forms>). No other Certificates of Insurance will be accepted (i.e. Acord Certificate of Liability Insurance form).

A Business Licensee is required to provide proof of financial security in an amount no less than \$500,000.00 at all times during the licensing period.

General Aggregate – this is the maximum the insurance company will pay out.

The Proof of Financial Security must provide the deductible amount of the policy: If an insurance policy provides for a deductible, the deductible amount shall not exceed one per cent of the total financial security for each occurrence. If the deductible amount is in excess of one per cent of the total financial security for each occurrence, the business licensee shall provide other security as provided in this subsection or other evidence of financial security for the excess deductible amount.

Example: If your General Aggregate is \$2,500,000.00; your deductible cannot exceed \$25,000.00

If certified in the Wood-Destroying Organism Inspection & Treatment Category: the Business Licensee is required to have an endorsement with a minimum of \$100,000.00 pursuant to A.R.S. § 3-3615 (3)(b) for Termite Damage due to Negligent Treatment.

If certified in the Wood-Destroying Organism Inspection & Treatment or Wood-Destroying Insect Inspection Category and performs Wood-Destroying Insect Inspection Reports (WDIIR): the Business Licensee is required to have an endorsement with a minimum of \$100,000.00 for errors and omissions (E & O) contained in the reports pursuant to A.R.S. § 3-3615 (3)(c). Business Licensees that do not provide Wood-Destroying Insect Inspection Reports are not required to have this endorsement.

If financial security is in the form of liability insurance, a licensee shall maintain a coverage endorsement for pesticides and herbicides, fumigation, care, custody and control, rights-of-way, wood-destroying insect inspection report errors and omissions, and pollution transit **for its applicable license categories.**

All information is available on the AZDA website located at:

<https://agriculture.az.gov/>