

## APPLICATION FOR A PROFESSIONAL SERVICES COMPANY LICENSE

- Application for license to issue or reissue Landscape Horticulturist or Tree Surgery must be made on a separate application.
- Any nonresident commercial applicator applying for a license under Sections 69-23-101 through 69-23-135 are authorized to appoint the Secretary of State as their resident agent for service of process. *Miss. Code of 1972, §69-23-113.*

**Please check appropriate boxes:**

Company location:     Principal Office     Branch Office  
 Application Type:     New                       Renew                       Amend                       Sold                       Out of Business  
 Type of Company:     Corporation             LLC                       Partnership             Individual

**Complete the following:**

Company Name\* \_\_\_\_\_

*\*New name must receive name approval prior to completing application*

Company License #: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

County: \_\_\_\_\_

Primary Contact: \_\_\_\_\_

Office Use Only
PSCL _____
Date: _____
Processed by: _____

In the box below, list the Operator License or Permit holder responsible for supervising services at this location. If there are multiple individuals listed, use the check box to designate which individual is responsible for supervising the location. Principal office locations must be supervised by an Operator License holder. The applicant must employ at least one individual for each category in which services will be performed. Attach an additional sheet, if needed.

✓	Name	ID No.
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		

Check the license category(s) in which the Company License holder will conduct business. (Company license holder must employ at least one Operator License/Permit holder for each category in which services will be performed).

- |   |   |  |   |
|---|---|--|---|
| <input type="checkbox"/> Wood Destroying Insect Control | <input type="checkbox"/> Control of Insect Pests of Utility Poles | <input type="checkbox"/> General pest and rodent control | <input type="checkbox"/> Horticultural Pest Control |
| <input type="checkbox"/> Orchard Pest Control           | <input type="checkbox"/> Domestic Animal Pest Control             | <input type="checkbox"/> Mosquito and Biting Fly Control | <input type="checkbox"/> Fumigation Pest Control    |
| <input type="checkbox"/> Agricultural Pest Control      | <input type="checkbox"/> Agricultural Weed Control                | <input type="checkbox"/> Aquatic Weed Control            | <input type="checkbox"/> Right-of-Way Weed Control  |
| <input type="checkbox"/> Horticultural Weed Control     |   |  |   |

If records of services are maintained at a location outside of the State of Mississippi, a plan acceptable to the Bureau must be included in the application allowing for access to the records, subsection 102.06.

Please select one of the following:

Consumer Protection Specialists with the Bureau of Plant Industry may access records during regular business hours – 8:00am to 5:00pm, Monday through Friday, except on designated holidays.

Provide details of your proposed plan: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The Company License to engage in such professional services shall be invalid upon expiration of either a bond or insurance. I am including a copy of the following as proof of bond and/or insurance:

\$2,500.00 surety bond is required for any weed control work (AGW, AQW, ROW, HCW).

\$5,000.00 surety bond is required for any insect, rodent, plant disease and weed control work (WDI, UP GRC, MBF, HCP, ORP, DAP, FUM, AGP, AGW, AQW, ROW, HCW).

\$200,000.00 general liability insurance is required for any insect, rodent and plant disease control work. This insurance shall not be less than \$100,000.00 per occurrence, with a minimum annual aggregate of \$200,000.00.

- Minimum coverage shall include coverage for pollution and contamination, property damage, personal injury and errors and omissions.
- For companies licensed in Wood Destroying Insect Control, insurance must include:
  - Errors and omissions on Mississippi Official Wood Destroying Insect Reports, and
  - Damages caused by structural pests.

At time of renewal, please provide a list of those who are still employed as Registered Technicians for this location. Anyone not listed will be removed from the Company License. Attach an additional sheet, if needed.

Name	ID No.	Work Categories

I do hereby apply for a Company License in accordance with subsection 102.03. I certify that all information given herein is true and correct to the best of my knowledge.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_