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 COMMERCIALLY 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 LEVEL LICENSE?

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 at the Supervisory Level, a person must meet a five-year requirement as described in Pes 302.01. A combination of license experience, work experience and education may be used to satisfy this requirement.

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 Level License must first complete a Resume form supplied by the Division. Verification of experience and education 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 five-year 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 LEVEL EXAM REQUIREMENT

All applicants for a Commercial Applicator For Hire Supervisory Level License 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_____

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

___ (A1) Agricultural Pest Control – Fruit
___ (A2) Agricultural Pest Control – Herbicides
___ (A3) Agricultural Pest Control – Field Crops
___ (A4) Agricultural Pest Control – Animals
___ (B) Right-of-Way, and Commercial Weed & Brush Control
___ (C1) Forest Pest Control and Timber Treatment
___ (C2) Christmas Tree
___ (D) Aquatic Pest Control
___ (F1) General Pest Control
___ (F2) Mosquito and Black Fly
___ (F3) Termites and Wood Destroying Insects
___ (F4) Fumigation
___ (F5) Pole Treating and Wood Preservation
___ (G1) Shade and Ornamental Pest Control
___ (G2) Turf Pest Control
___ (G3) Indoor Foliar Pest Control
___ (J) Aerial 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. Name of college attended_____

Year graduated_____Major_____

Was this a two or four year college?_____**Enclose verification (i.e. Copy of diploma showing major, transcripts, etc.)**

4. Additional educational credit may be given for seminars, short courses, correspondence courses, conferences and training meetings that are pertinent to the category(ies) for which you are applying for, providing attendance is verified. **Enclose copies of course descriptions and Certificates of Attendance**.

5. 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