

Commercial Pesticide Operator (CPO) License Application



OREGON
DEPARTMENT OF
AGRICULTURE

Pesticides Program
503.986.4635

Instructions:

- Complete this form to apply for a new license, add a license category to your existing license, or renew your license. Required fields are indicated with an asterisk (*). Electronic signatures will not be accepted (wet ink only).
- You must also provide either a certificate of insurance issued by your insurer (preferred), or a copy of your insurance policy. Note: large insurance documents should be emailed to pesticide-expert@oda.oregon.gov.
- Submit completed application to the secure fax or mailing address listed at the bottom of the form. To protect your information, do not submit via email.
 - » By default, applications received January 1 through November 16 will be processed for the current calendar year (Note: License will expire December 31 of the current calendar year). License applications for the following calendar year are accepted beginning on November 17.
 - » Please allow 2 to 4 weeks for processing of completed applications.

Important: This license application is for businesses (including non-profit organizations and business entities of Indian tribes) that engage in the application of pesticides upon the land or property of others, or that employ licensed commercial pesticide applicators.

Questions? Please contact the ODA Pesticides Program at 503.986.4635.

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1. Applicant Information

Owner or Business Name:*			
Assumed Business Name (if any):*			
Existing CPO license # (if renewing):			
Mailing Address:*			
City, State, ZIP Code:*			
Physical Address:*	<input type="checkbox"/> <i>Physical address is the same as my mailing address.</i>		
City, State, ZIP Code:*			
Phone (Main Contact Person):*	Direct Email:*		
Business Type:*	<input type="checkbox"/> <i>Sole Proprietor</i> <input type="checkbox"/> <i>Partnership</i> <input type="checkbox"/> <i>Corporation</i> <input type="checkbox"/> <i>LLC</i>		
Ownership Type:*	<i>This is a business entity of an Indian tribe.</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		
Check All That Apply:*	<input type="checkbox"/> <i>Aerial Pesticide Application</i> <input type="checkbox"/> <i>Home Inspections Only</i>		

2. Insurance Policy Information*

You must provide either a certificate of insurance issued by your insurer (preferred), or a copy of your insurance policy. To avoid delays, please submit one of these insurance documents with this license application or email to pesticide-expert@oda.oregon.gov. Email is preferred for larger documents. Please do not submit this license application form over email.

I have included one of the insurance documents described above with my application submission.

I have separately emailed one of the insurance documents described above.

3. Signature

- I agree under penalty of perjury that the information on this application is true and correct.
- I agree to comply with all laws and regulations pertaining to this license.
- I understand my insurance coverage requirements as set forth in ORS 634.116 and OAR 603-057-0102. (Please see excerpts on last page of this application.)
- I understand that failure to maintain insurance coverage is a violation of state law.
- I will notify the Oregon Department of Agriculture immediately should any information on this application change.

Printed Name:*		Title:*	
Signature (wet ink only):*		Date:*	

4. License Categories*

Please select the license categories or subcategories that you qualify for and would like to have on your license. You must qualify for at least one license category or subcategory to be issued a license. License categories are listed in bold. Example: "Agriculture" is a license category; "Agriculture: Herbicide" is a subcategory.

<p>Agriculture</p> <p><input type="checkbox"/> Herbicide</p> <p><input type="checkbox"/> Insecticide/Fungicide</p> <p><input type="checkbox"/> Livestock Pest</p> <p><input type="checkbox"/> Soil Fumigation</p> <p><input type="checkbox"/> Vertebrate Pest</p> <p><input type="checkbox"/> Aquatic Pest</p> <p><input type="checkbox"/> Demonstration & Research</p>	<p><input type="checkbox"/> Forest Pest</p> <p>Industrial, Institutional, Health & Structural (IIHS)</p> <p><input type="checkbox"/> General Pest</p> <p><input type="checkbox"/> Moss Control</p> <p><input type="checkbox"/> Space Fumigation</p> <p><input type="checkbox"/> Structural Pest</p> <p><input type="checkbox"/> Wood Treatment</p>	<p><input type="checkbox"/> Marine Fouling Organism</p> <p>Turf & Ornamental</p> <p><input type="checkbox"/> Herbicide</p> <p><input type="checkbox"/> Insecticide/Fungicide</p> <p><input type="checkbox"/> Public Health</p> <p><input type="checkbox"/> Right of Way</p> <p><input type="checkbox"/> Seed Treatment</p> <p><input type="checkbox"/> School IPM</p>
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5. Annual License Fee*

The license fee is based upon the number of license categories (in bold above) that you selected. If you select multiple subcategories under the same license category, you only pay a fee for a single license category. Example: If you select "Agriculture: Herbicide" and "Agriculture: Insecticide/Fungicide", you only pay a fee for the "Agriculture" license category.

	Situation (choose only one)	Base Fee – first license category	Additional license categories	Total number of license categories (in bold above)#	Total Fee#
<input type="checkbox"/>	New license or license renewal	\$90.00	\$15.00 each		
<input type="checkbox"/>	Add a category to my active license	N/A	\$20.00 each		

#In some browsers these fields are automatically calculated based on the situation you select and your category selections above.

6. Payment and Submission

Submission options depend on your method of payment. To protect your information, do not email this form to ODA. **Emailed applications and electronic signatures will not be accepted.**

<p>For checks or money orders, mail via U.S. Postal Service to: Oregon Department of Agriculture PO Box 4395 Unit 17 Portland, OR 97208-4395</p>	<p>For credit card charges, complete below and mail or fax to: Oregon Dept. of Agriculture 635 Capitol St. NE Salem, OR 97301-2532</p> <p style="text-align: right;">Secure Fax: 1.503.986.4746 Visa, MasterCard, Discover, and American Express Accepted</p>	
<p>Make checks payable to: Oregon Department of Agriculture. All dishonored checks or electronic payments will incur a \$35 administrative fee per ORS 30.701.</p>		
Name of Cardholder	Phone	
Address of Cardholder		
City	ZIP Code	
Cardholder Signature		
Date (MM/DD/YYYY)	Total Charges	\$
Card Number	Expiration Date	
<p>Receipt available for credit card payments ONLY. Print Email address or Fax #</p>		

7. Employee Information

Please provide the name and license number of each owner and employee that holds a commercial pesticide applicator license. You must employ at least one licensed commercial pesticide applicator. If your business is a sole proprietorship or partnership, the owner, or at least one partner, must be licensed as a commercial pesticide applicator. If you will be submitting a license application for a commercial pesticide applicator license with this application, please write “pending” in the license number field.

Employee Name:*		License No.:	AG-L	CPA
Employee Name:		License No.:	AG-L	CPA
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Employee Name:		License No.:	AG-L	CPA
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Excerpts from Oregon Law Pertaining to Commercial Pesticide Operators

ORS 634.116(5) The department shall not issue or renew a pesticide operator’s license until the applicant or licensee has furnished evidence to the department, in the form of a public liability policy issued by an insurance company qualified to do business in Oregon, protecting the applicant or licensee against liability for injury or death to persons and loss of or damage to property resulting from the application of pesticides, or in lieu of a policy, has furnished a deposit of cash, surety bond or other evidence of financial responsibility acceptable to the department that may be applied by the department to the payment of damages resulting from operator liability. However: (a) Except as required under paragraph (b) of this subsection, the financial responsibility required by this section shall not apply to damages or injury to crops, real or personal property being worked upon by the applicant. (b) If the applicant or licensee is to be engaged in the business of controlling or eradicating structural pests, or pests within a public or private place, or pests within private or public places where food is served, prepared or processed or where persons are regularly housed, the financial responsibility required by this section shall apply to damages or injury to real or personal property being worked upon, as well as all the other real and personal property set forth in this section.

ORS 634.116(6) The financial responsibility required by subsection (5) of this section must be not less than \$25,000 for bodily injury to one or more persons and not less than \$25,000 for property damage.

ORS 634.116(7) Notwithstanding the provisions of ORS chapter 183, if the licensed pesticide operator fails to maintain the financial responsibility required by subsections (5) and (6) of this section, the license is automatically suspended until the department again verifies the pesticide operator is in compliance with subsections (5) and (6) of this section. The liability insurance company shall notify the department in writing at least 30 days prior to any cancellation of an insurance policy required by this section.

ORS 634.116(10) If the pesticide operator is or employs a pesticide applicator to spray or otherwise apply pesticides by aircraft, in addition to other provisions of this section relating to financial responsibility, the department may by rule allow the pesticide operator to reduce, suspend or terminate the liability insurance, applicable to spraying or otherwise applying pesticides by aircraft, and required by subsections (5) and (6) of this section during certain periods of the year.

OAR 603-057-0102(1) Evidence of the issuance of a public liability policy of insurance may be documented to the Department by a pesticide operator either by furnishing a copy of said policy or furnishing a certificate of insurance issued by the insurer. Should said policy be subsequently endorsed or in any manner modified as to the protection offered thereby, the Department shall be furnished a copy of the policy endorsement or be furnished an additional certificate of insurance evidencing the modifications.

OAR 603-057-0102(2) The public liability policy of insurance may be limited to only injuries or damages caused by the specific activities for which the pesticide operator is licensed. Should the pesticide operator subsequently become licensed in additional categories of activities, the pesticide operator shall furnish the Department the documentation described in section (1) of this rule evidencing additional protection for such additional categories.

OAR 603-057-0102(3) As provided in subsection (10) of ORS 634.116, a pesticide operator engaged in the business of applying pesticides by aircraft may have his public liability policy of insurance limited to the time period within which such pesticide operator is actually engaged in the application of pesticides by aircraft, subject to the following: (a) The Department is furnished the documentation required by section (1) of this rule; and (b) The public liability policy of insurance identifies the specific aircraft to which it applies.