

Pesticide Business Registration Address Change Form

All registered pesticide businesses must notify the DEC if the business mailing address or physical location changes.

Complete this form and include an updated insurance certificate that shows the new address. The insurance certificate must have the DEC (at the address below) as the certificate holder.

Scan and email this form and the insurance certificate to pestmgt@dec.ny.gov or mail to:

**NYS DEC
Pesticide Reporting & Certification Section
625 Broadway
Albany, NY 12233-7254**

Business Name: _____

Business Registration Number (5 digits): _____

Old Address:

Street Address: _____

City: _____ **State:** _____ **Zip:** _____

New Physical Address:

Street Address: _____

City: _____ **State:** _____ **Zip:** _____

County: _____ **Phone Number:** _____

New Mailing Address (If different than physical address):

Street / PO Box: _____

City: _____ **State:** _____ **Zip:** _____

Representative (Print Name): _____ **Title:** _____

Signature: _____ **Date:** _____