



# NEW FIRMS CHECKLIST FOR SUBMITTING YOUR LICENSE

## REQUIRED DOCUMENTS

- A) License application (PI-079)
- B) Proof of insurance
- C) Incorporation, partnership, or assumed name documents (where applicable)
- D) Notarized Statement of Experience (PI-217) if adding a new category

### A) LICENSE APPLICATION

- 1. Is the current and full legal name of the business on the application?
- 2. Have you filled in the emergency phone number and the fax number? Note: *E-mail address requested for 2004!*
- 3. Are *all* the applicators full names and certification/registration numbers listed? Attach an additional sheet if necessary. *It is the responsibility of the license applicant to provide updates to MDA regarding any changes in status of any of the firm's applicators*



**If you or your employees have recently taken certification exams, please attach copies of your receipt(s) that show the exam scores and dates.**

- 4. Have you selected all the license categories that your firm intends to provide application services for?  
 Does your listing of certified applicators cover all those categories?
- 5. **IS THE APPLICATION SIGNED?** We cannot process an application that is not signed.
- 6. Have you enclosed a check or money order for **\$100.00**, payable to **STATE OF MICHIGAN?**

### B) CORPORATION/PARTNERSHIP/ASSUMED NAME DOCUMENTS

- 1. Have you enclosed necessary business name documents?  Incorporation or Partnership verification  
 Assumed Name Certificate
- 2. Are the certificates current and active (i.e. have not expired)?

### C) PROOF OF INSURANCE

- 1. Does the insurance certificate form include:
  - Exact same legal name of the business as provided on the application?
  - Exact same street address for the business as provided on the application?
  - Correct effective and expiration dates that coincide with the license year? *It is the responsibility of the license applicant to provide a current certificate of insurance to MDA – not the insurance agent's duty. You must mail or fax (517-335-4540) to Attn: Rosemary Williams, MDA -Pesticide Section any updated insurance information to our Lansing office.*
- 2. Are the amounts of coverage correct? See enclosed PI-168 for amounts (green sheet).
- 3. Does the insurance coverage include bodily injury and property damages that arise from pesticide applications?

### D) NOTARIZED STATEMENT OF EXPERIENCE

- 1. Have you enclosed the notarized statement of experience (form PI-217).
- 2. Does the experience statement include the required timeframe and the contact persons along with their phone numbers?