Qualifying Party (QP)

During the 2018 Legislative Session, a new law (see Utah Pesticide Control Act 4-14-111(3)(d)) was passed that requires a “Qualifying Party” to be associated with each Commercial Pesticide Business License. There are three ways to become a Qualifying Party:

1. Maintain a valid Utah Pesticide Applicator's License for two or more years
2. Maintain a valid Pesticide Applicator's License from another state for two or more years that qualifies for a Utah reciprocal license
   OR
3. Provide a copy of a related Associate's Degree (or higher) and date graduated. Accepted degrees include horticulture, agriculture, entomology, biology, and chemistry. UDAF has the discretion in deciding what other fields of study may be acceptable.

Acknowledgment Forms

One or more of the Acknowledgment forms must be included with application/fees:

Part 1: Owner with Separate Qualifying Party (QP) - Acknowledgment Form AND
Part 2: Qualifying Party (QP) - NOT the Owner - Acknowledgment Form
Owner Acting as Own Qualifying Party (QP) - Acknowledgment Form
Owner Claiming Exemption from Qualifying Party Requirement - Acknowledgment Form

Other Business License Information

Fee: The Business License fee is $110.00 per license. The license is triennial (once every three years), will expire on December 31st of the third year.
Each location that employs Commercial Pesticide Applicators is required to pay a Pesticide Business License fee for that location.
Commercial Pesticide Applicators who are not affiliated with a Commercial Pesticide Business are required to obtain and pay the fees for a Commercial Pesticide Business License AND a Commercial Pesticide Applicator License.
Please fill out your company information and include the appropriate acknowledgement form(s) and fees. Return the completed form to UDAF.
If you have any questions please contact us at 801-982-2300 (option #2) or UDAF-Pesticide@utah.gov.
APPLICATION FOR COMMERCIAL PESTICIDE BUSINESS LICENSE  
(4000)

☐ New License  ☐ Renew Existing License  Pesticide Business License No. (if renewing):  4000 - _______

Business Name: _________________________________________________________________

DBA: _________________________________________________________________

Owner / Manager Name: _________________________________________________________________

Business Location Address: _________________________________________________________________

City/State/Zip: _________________________________________________________________

Cell Phone: _________________________________________________________________

Email (Required): _________________________________________________________________

Website Address: _________________________________________________________________

A Qualifying Party is required. See the back side of this page for details.

Qualifying Party Name: ________________________________ Applicator License No. 4001-

☐ Valid Utah license  ☐ Valid reciprocal license  ☐ Education in related field

☐ I request exemption from the Qualifying Party requirement

Commercial Applicators Licensed in Utah

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<th>Personal Phone No.</th>
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If you have more than 5 employees, please submit additional page(s) with information.

If an employee has no license number, enter “New” in the applicator license number field.

Please return this form to the Utah Department of Agriculture and Food by email to UDAF-Pesticide@utah.gov or by mail to:

Attention: Pesticide Certification

Utah Department of Agriculture and Food

4315 South 2700 West TSOB Bldg, Floor 2

Taylorsville, UT 84129-2128

Signature ____________________________

Print Name ____________________________

Date ____________________________

Reset Form