

# Commonwealth of the Northern Mariana Islands OFFICE OF THE GOVERNOR

## Bureau of Environmental and Coastal Quality

DEQ: P.O. Box 501304, DCRM: P.O. Box 10007, Saipan, MP 96950-1304 DEQ Tel.: (670) 664-8500/01; Fax: (670) 664-8540 DCRM Tel.: (670) 664-8300; Fax: (670) 664-8315 www.deq.gov.mp and www.crm.gov.mp



# APPLICATION FOR **PESTICIDE DEALER LICENSE**

| For BECQ Use Only |  |  |  |
|-------------------|--|--|--|
| Amount Paid:      |  |  |  |
| BECQ Receipt No.  |  |  |  |

| First Name  | Middle Initial                             | Last Name       | please print legibly |  |
|---|--|-----------------|----------------------|--|
| Name of Company   |  |                 |                      |  |
| Company Type  | □ Corporation □                            | Partnership 🔲 I | ndividual            |  |
| Business Location   |  |                 |                      |  |
| Mailing Address   |  |                 |                      |  |
| Phone No.   |  | Ext             | Fax No               |  |
| Alternate Contact Information   |  |                 |                      |  |
| Email Address   |  |                 |                      |  |
| Name of Officers/Owners of Company Title Mailing Address  |  |                 |                      |  |
|   |  |                 |                      |  |
|   |  |                 |                      |  |
| CTATEMENT   |  |                 |                      |  |
| STATEMENT  By fixing my signature below, I certify that the statements made on this form are true to the best of my knowledge and agree to comply with all sections of the CNMI Pesticide Regulation as required of a pesticide dealer including NMIAC § 65-70-405 listed on the back of this page. |  |                 |                      |  |
| Signature of Applica<br>(person designated as Certification)  | <b>ant</b><br>ed Pesticide Sales Manager o | or agent)       | Date                 |  |

# **GUIDELINES** for **Pesticide Dealer License**

#### LICENSING.

A pesticide dealer license is required for the sale or distribution of any restricted use pesticide in the Northern Mariana Islands.

This includes pesticide manufacturers, packagers, distributors, dealers, individuals, etc. who sell or distribute restricted use pesticides in Northern Mariana Islands.

The pesticide dealer license is valid for one (1) year from the date issued, and the license fee amount is \$50.

### **RENEWALS.**

Renewals shall be made at least thirty (30) calendar days, but no more than ninety (90) calendar days prior to the expiration of the license.

#### RECORDS.

Each licensed dealer is required to keep and maintain true and accurate records for a period of not less than three (3) years. Licensed dealers are required to submit quarterly pesticide reports to DEQ no later than 10 working days after the end of the Fiscal Quarter. Fiscal Quarter ends on December 31, March 31, June 30 and September 30. These include records pertaining to the sale or distribution of both restricted and general use pesticides.

Records are required upon receipt of a pesticide and shall include:

- Brand name, EPA registration number, number of containers
- Net weight of each container, and the type of container construction (e.g. glass, metal, paper carton, paper bag, hard plastic, etc.)
- The name and address of the person from whom purchased or received.
- The date of receipt.
- MSDS for the pesticides.
- Label of the pesticides.

Records are required upon sale or distribution of a pesticide and shall include:

- Name, address, and certification or dealer license number of the person purchasing or receiving the pesticide.
- The date of sale or distribution.
- The brand name, EPA registration number, quantity of product sold or distributed.
- MSDS for the pesticides.
- Label of the pesticides.