Kansas Department of Agriculture
Accounts Receivable and Licensing
1320 Research Park Dr.
Manhattan, KS 66502
Phone: 785-564-6700
Fax: 785-564-7490

PLEASE BE SURE TO SIGN PAGE 1 SECTION D

REPORT OF CHANGE FORM

FOR THE MONTH _____ CALENDAR YEAR _____

A: NAME: Provide the current AND complete name for the license, registration, certification or business for which you will be reporting changes in section 1-6 below:

_____
Business Name

_____ _____ _____ _____
Address City State ZIP

B: LICENSE, REGISTRATION OR CERTIFICATION NUMBER: _____

C: TAX IDENTIFICATION NUMBER: Provide the valid tax identification number for the license, registration, or certification number for which you are reporting changes.

FEIN _____ or If SOLE PROPRIETOR SSN _____

D: AUTHORIZATION FOR CHANGES: **(Signature is required)**

→ **SIGNATURE:** _____ DATE: _____

PRINTED NAME OF SIGNER: _____ TITLE: _____

1. NAME CHANGE: Indicate any changes in name or corporate status in the space provided:
   BUSINESS NAME TO: _____
   DBA: _____
2. LOCATION ADDRESS CHANGE TO: _____
   CITY: _____ COUNTY _____ STATE _____ ZIP _____
   PHONE: _____ FAX _____
   EMAIL: _____ WEBSITE _____
3. MAILING ADDRESS CHANGE TO: _____
   CITY: _____ COUNTY _____ STATE _____ ZIP _____

4. BUSINESS LICENSE CATEGORIES ADDING; Indicate desired addition to BUSINESS License categories **ADDING AN ADDITIONAL CATEGORY IS $140.00 FEE PER CATEGORY.**

CHECK IF DESIRED	CATEGORY	DESCRIPTION
☐	1	Agricultural Pest Control
☐	2	Forest Pest Control
☐	3	Ornamental, Turf Pest Control and Interior Landscape
☐	4	Seed Treatment
☐	5	Aquatic Pest Control
☐	6	Right-Of-Way Pest Control
☐	7	Industrial, Institutional, Structural, and Health-Related Pest Control

THIS SECTION FOR KANSAS DEPARTMENT OF AGRICULTURE USE ONLY

Form KPL-430 (Rev. 05/17)

FEE	CODE	TRANSACTION #	CC APP #	CHECK #
	BL			
	UA			
	RT			

5. OTHER PESTICIDE BUSINESS LOCATION CHANGE: To add or remove a location address OTHER than the principal address indicated in Section #2 above. (Location is where records are kept, where pesticides and equipment are stored, or from which customers are served.) When adding location/address, provide the effective date. When removing location/address, provide removal date:

Effective Date _____ Removal Date _____
Location Name _____
DBA Name _____
ADDRESS _____
CITY _____ COUNTY _____ STATE _____ ZIP _____
PHONE _____ FAX _____

6. OWNER, PARTNER, OFFICER, OR PESTICIDE APPLICATOR CHANGE: To report a change, provide the following information and check the correct Staff Code. **NOTE: To add a new Registered Pest Control Technician, use separate form KPL-700** entitled "Pest Control Technician Registration Application." Please ensure correct DRIVER'S LICENSE number and birth date are provided for each owner, partner, officer, or applicator. **When adding, provide employment date. When removing, provide termination date.** IF ADDING NEW UNCERTIFIED APPLICATORS SUBMIT FEES WITH THIS FORM. THE UNCERTIFIED FEE IS **$15.00 FOR EACH UNCERTIFIED APPLICATOR**.

EMPLOY DATE	TERM DATE	STAFF CODE (CHECK ONE)	CERT/REG NUMBER	DRIVER'S LICENSE NUMBER	BIRTH DATE	NAME (Last, First, Middle Int.)	HOME ADDRESS (Street, City, State, Zip) ****Required if UNCERTIFIED APP	PHONE
		☐ OWNER/OFFICER ☐ CERT APP ☐ UNCERT APP $15 ☐ REG TECH						
		☐ OWNER/OFFICER ☐ CERT APP ☐ UNCERT APP $15 ☐ REG TECH						
		☐ OWNER/OFFICER ☐ CERT APP ☐ UNCERT APP $15 ☐ REG TECH						
		☐ OWNER/OFFICER ☐ CERT APP ☐ UNCERT APP $15 ☐ REG TECH						
		☐ OWNER/OFFICER ☐ CERT APP ☐ UNCERT APP $15 ☐ REG TECH						

7. **AIRCRAFT CHANGE:** Each pesticide business licensed in category 1 which uses aircraft to apply pesticides shall identify each aircraft with a decal furnished by the Kansas Dept of Agriculture. Decals will not be issued until all licensing requirements are met. Decals are not transferable. To add or remove aircraft equipment, **Submit a certificate of insurance with "N" numbers listed** and provide the following information:

8.

EFF DATE	REMOVE DATE	DECAL NUMBER	FAA "N" NUMBER	MAKE	MODEL	PICLORAM ENDORSEMENT