

## 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 code
B: LICENSE, REGISTRATION OR CERTIFICATION	NUMBER:			
C: TAX IDENTIFICATION NUMBER: Provide the	e valid tax identifica	tion number for	the license, registrat	tion, or certification number
for which you are reporting changes.				
FEIN	or If SOLE	PROPRIETOR SS	5N	
SIGNATURE PRINT NAME				
1. NAME CHANGE: Indicate any cha BUSINESS NAME TO:		-		
2. LOCATION ADDRESS CHANGE TO:				
CITY	COUNTY	STATE	ZIP	
PHONE	FA	x		
E-MAIL				
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

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

Form KPL-430 (Rev. 07/14

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:

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

6. OWNER, PARTNER, OFFICER, OR PESTICIDE APPLICATOR CHANGE: When adding, provide employment date. When removing, provide termination date. To add a new Registered Pest Control Technician, use separate form KPL-700 entitled "Pest Control Technician Registration Application." IF ADDING NEW UNCERTIFIED APPLICATORS SUBMIT FEES WITH THIS FORM. THE UNCERTIFIED FEE IS \$15.00 FOR EACH UNCERTIFIED APPLICATOR.

<u>EMPLOY</u> <u>DATE</u>	<u>TERM</u> DATE	STAFF CODE (CHECK ONE)	<u>CERT/REG</u> <u>NUMBER</u>	<u>DRIVER'S</u> <u>LICENSE</u> <u>NUMBER</u>	<u>BIRTH</u> DATE	NAME (Last, First, Middle Int.)	HOME ADDRESS (Street, City, State, Zip) ****Required if UNCERTIFIED APP	<u>PHONE</u>
		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	FAA "N" NUMBER	MAKE	MODEL	PICLORAM
		NUMBER				ENDORSEMENT
						YES   NO
						YES   NO
						YES   NO