



Department of Pesticide Regulation
Email: dprpd@clermson.edu

Remit License Fee Online at:
https://www.clemson.edu/dpr/marketplace (New Licenses tab)
-or-
Make Check payable to Clemson University and remit to:
Department of Pesticide Regulation
511 Westinghouse Rd
Pendleton, SC 29670

APPLICATION EXAM FOR CERTIFIED PESTICIDE DEALER LICENSE
South Carolina Pesticide Control Act of 1975

Application for licensing is hereby filed with the Department of Pesticide Regulation, Regulatory and Public Service Programs. Specific information and fees as required by law are hereby submitted.

Pesticide Dealers include those individuals who are engaged in the business of distributing, selling, offering, or holding for sale pesticides classified for restricted uses for distribution directly to the user.

Requirement for this license is that the applicant must pass a written examination, unless already certified as a commercial applicator. If applicant does not hold a commercial applicator license, please complete the written exam below. You may reference 46-13-50 in the Statute and 27-1076 in Rule for answers.

(Please check the correct answer. There is only 1 correct answer per question.)

- 1. The license year for a Pesticide Dealer in the state of South Carolina ends on _____ of each calendar year.
November 30 October 31 December 31
2. A Pesticide Dealer can only sell restricted use pesticides to a licensed applicator?
Yes No
3. How long must a Pesticide Dealer maintain records of all sales or other distributions of RUP's?
5 years 2 years 3 years
4. Records of RUP's must include:
Name of applicator Pesticide applicator license number Both
5. There only needs to be one licensed Dealer no matter how many different sales locations are owned by that company?
Yes No

Please Print:

Applicant's Name _____ Date of Birth (Required) _____
Last First Middle Initial
Applicant's Email (Required) _____ Commercial Applicator License # _____
Name of Company (Required) _____
Business Physical Location Address (Required) _____
City State Zip County (where business is located)
Business Mailing Address (Required) _____
City State Zip
Business Phone No. (Required) _____
(Area code)

*LICENSE FEE OF \$50 MUST ACCOMPANY THIS APPLICATION

I hereby make application for a license to hold, offer for sale, sell, or distribute restricted use pesticides pursuant to Section 46-13-50 of the South Carolina Pesticide Control Act and 27-1076 of the Rules and Regulations for the Enforcement of the South Carolina Pesticide Control Act.

I have read and I understand and agree to abide by the provisions in the above law and rules. I further understand that failure to comply with these requirements shall be grounds for suspension or revocation of the license and/or other penalties as prescribed.

Signature of Applicant _____ Date _____