



OHIO DEPARTMENT OF AGRICULTURE  
**Plant Health / Pesticide and Fertilizer Regulation Section**  
 8995 East Main Street – Reynoldsburg, OH 43068  
 Phone: (614) 728-6987 Fax: (614) 728-4235  
[www.agri.ohio.gov](http://www.agri.ohio.gov) [pesticides@agri.ohio.gov](mailto:pesticides@agri.ohio.gov)



## CHANGE OF INFORMATION FORM FOR PESTICIDE BUSINESSES

*Please fill-out the form on-line, including the electronic signature, and either email or fax it to the Ohio Department of Agriculture at [pesticides@agri.ohio.gov](mailto:pesticides@agri.ohio.gov) or 614-728-4235.*

**Business License or ID #:** \_\_\_\_\_  
*(Required)*

Office Use Only
Entered by _____
Date Entered _____

### Business Name Changes

**Change of Ownership:** \_\_\_\_\_

**New Company Name:** \_\_\_\_\_

### Business Address Changes

**New Mailing Address:**

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_ **Zip:** \_\_\_\_\_

**County:** \_\_\_\_\_

**New Location Address:**

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_ **Zip:** \_\_\_\_\_

**County:** \_\_\_\_\_

**New Registered Location Address:**

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_ **Zip:** \_\_\_\_\_

**County:** \_\_\_\_\_

**Electronic Signature:** \_\_\_\_\_  
*(Please type your name here)*