

# Applying for the Pesticide Applicator (core) License or Dealer License After Passing Your Exam

Pesticide Program

Division of Crop & Pest Services

Mass. Department of Agricultural Resources

## Compatible Equipment and Web Browsers

- Please also be sure that you are using a regular computer (Windows 10+ / MacOS 10.11+ computer or laptop) with MS Edge or Chrome web browser.
- All instructions were written, and screenshots based on Windows 10 and MS Edge browser—other browsers may be different or incompatible.
- Chromebooks are not 100% compatible with the EEA ePLACE Portal and users may find it difficult to upload documents, proof of insurance, etc..
- Mobile devices; such as, iPhone, iPad, Android phone or tablets, etc. are NOT compatible with the EEA ePLACE Portal.

**No Chromebooks, smartphones or tablets!**



# Navigate to the Main Login Page

[Home](#)

---

**Welcome to the Commonwealth of Massachusetts ePLACE Portal**

The Commonwealth of Massachusetts is pleased to offer online access to many licensing, permitting and certificate services. With ePLACE, the Commonwealth hopes to deliver more efficient, convenient, and interactive e-government services.

**Options for Licensees and Applicants:**

- Apply for, Renew, or Amend a License, Permit, Certificate or Notification
- Make Payments Online

**ePLACE Portal Account Registration:**

In order to utilize most of the services available through the ePLACE, you must first register for an account. Registration is required to do any of the following:

- Apply for a License, Permit, Certificate or Notification
- Renew a License, Permit or Certificate
- Track the Status of Applications
- Review and Update Applications, Permitting and/or Certificate Information

**First Time Users:**

To register, [click here](#) create an account with a User name and Password. After registering, login to access ePLACE.

**Returning Users:**

Use the log in box on the right to log in with your User name and Password to access the portal. \*NOTE If it has been more than 60 days since you last logged into the system you will need to reset your password.

If you are using assistive tools such as JAWS, please check our FAQs for important information. [EEA ePlace Quick Guides](#).

**Login**

User Name or E-mail:

Password:

[Login »](#)

☐ Remember me on this computer

[I've forgotten my password](#)  
[New Users: Register for an Account](#)

Please note: At this time, the ePLACE Portal services only some (not all) licenses, permits and certificates issued by Energy and Environmental Affairs (EEA). It does not service any other type of license, permit or certificates that is issued or approved by the Commonwealth or any of its agencies or municipalities. ePLACE does not service any federal licenses or permits.

# Log-in and Start Your License Application

**Home** After you are logged-in Click File an Online Application

Dashboard My Records My Account

**Welcome STEVEN ANTUNES-KENYON**  
You are now logged in to the Commonwealth's EEA ePlace Portal.

**What would you like to do?**

- New License, Permit, Certificate, Notification or Registration [Click Here](#)
- Renew License, Permit, Certificate or Registration (select "My Records" above)
- Amend License, Permit, Certificate or Registration (select "My Records" above)

**Please note:** At this time, the EEA ePLACE Portal services only some (not all) licenses, permits, certificates and Registrations issued by Energy and Environmental Affairs (EEA). It does not service any other type of license or permit that is issued or approved by the Commonwealth or any of its agencies or municipalities. This Portal will not service any federal licenses or permits.

If you are using assistive tools such as JAWS, please check our FAQs for important information. [EEA ePlace Quick Guides](#)

To search and view all pending and final decisions for License, Permit, Certificate, Notification or Registration Applications submitted online and provide Comments on Applications that are open for Public Comments please visit the [EEA ePLACE Public Access Portal](#)

For additional information about the Commonwealth, please visit the [Mass.gov](#) portal.  
For EEA information, please visit the [Mass.gov/EEA](#) portal.

**File an Online Application**



# Accept the Terms and Conditions for Use of the System

Home [Accept the terms and conditions and click Continue](#)

[File an Online Application](#)

## EEA ePLACE Portal Disclaimer

Welcome to the Commonwealth of Massachusetts EEA ePLACE (ePermitting) portal. In order to continue, you must review and accept the terms outlined as set forth below. Click the "Continue" button in order to proceed with the online submission process.

In order to perform licensing and permitting transactions online, you were required to register for the Commonwealth of Massachusetts EEA ePLACE (ePermitting) portal. All registered users in this Portal are required to agree to the following:

1. Use of the Commonwealth of Massachusetts EEA ePLACE (ePermitting) portal is subject to federal and state laws, which may be amended from time to time, including laws governing unauthorized access to computer systems. Online inquiries and transactions create electronic records that in some instances might be disclosed to

☒ I have read and accepted the above terms.



[Continue »](#)



# Click Apply for a MDAR Authorization and then Choose Pesticide License Application

## Commonwealth of Massachusetts EEA ePLACE (ePermitting) Online Services

### New Applicants:

The Commonwealth of Massachusetts EEA ePLACE (ePermitting) portal provides the ability to file applications for licenses, permits, certificates, notifications and registrations. From the listing below, please click on the appropriate link to expand the options, select the service that you would like to use and click the continue button.

### Existing Applicants:

Click Home and use the "My Records" tab to renew or amend a license, permit, certification or registration. If they are not listed under the "My Records" tab, please select the "Link your account" option found in section below. You will be prompted for a "record identification code" and "authorization code." from the Account Link notification you received. If you have not received a notification letter, please contact the ePLACE Help Desk Team at (844) 733-7522 or (844) 73-ePLACE between the hours of 7:30 AM - 5:00 PM Monday-Friday.



Search

- ▶ Apply for a DCR Authorization - Construction and Vehicle Access Permits
- ▶ Apply for a DCR Authorization - Special Use Permits
- ▶ Apply for a DEP Authorization - Air Quality (AQ)
- ▶ Apply for a DEP Authorization - Drinking Water (DW)
- ▶ Apply for a DEP Authorization - Hazardous Waste (HW)
- ▶ Apply for a DEP Authorization - NPDES (WM)
- ▶ Apply for a DEP Authorization - Solid Waste (SW)
- ▶ Apply for a DEP Authorization - Watershed Management (WM)
- ▶ Apply for a DEP Authorization - Waterways Chapter 91 (WW)
- ▶ Apply for a DEP Authorization - Toxic Use Reduction (TUR)

- ▶ ☒ Apply for a MDAR Authorization
  - ☐ MDAR - Massachusetts Pesticide Exam Application
  - ☒ MDAR - Massachusetts Pesticide License Application
  - ☐ MDAR - Massachusetts Pesticide Product Registration Application

- ▶ Apply for an EEA General Request
- ▶ Link Your Account

Click on the bullet to expand the list and select "MDAR - Massachusetts Pesticide License Application"

MDAR is the Massachusetts Department of Agricultural Resources

Continue »

Click Continue

# Enter the Record Number for the Exam You Passed

Home

MDAR Applications

## MDAR - Massachusetts Pesticide License Application

1 Application Information	2 Documents	3 Employer Information	4 Review	5 Record Submitted
---------------------------	-------------	------------------------	----------	--------------------

### Step 1: Application Information > Page 1 of 3

To apply for a license, enter your Exam Reference Number in the box below.  
You can find your Exam Reference Number in the confirmation email you received along with your passing score (OR) Please Click Home --> My Records, and copy the Exam Record ID that corresponds to your Exam/License category and start a new Pesticide License application.

\* indicates a required field.

### Exam Information

Please enter the Exam Record Number or Exam Reference I.D. Number in the box below. Please make sure to remove any extra spaces.

\*Exam Reference Number:

21-EXAM-2280



Be sure to enter your specific Exam Record Number -- from the exam that you just passed.

Continue Application »

Save and resume later

# Confirm License Type

[Home](#)

MDAR Applications

## MDAR - Massachusetts Pesticide License Application

1 Application Information	2 Documents	3 Applicant and Contributors	4 Review	5 Record Submitted
---------------------------	-------------	------------------------------	----------	--------------------

**Step 1: Application Information > Page 2 of 3**

\* indicates a required field.

### License Type

\* License Type:

Applicator (Core) License



[Continue Application »](#)

[Save and resume later](#)



# Select Status and Enter Information

Convenience Fee: Please note there will be a convenience fee for all online credit card transactions. There is also a nominal fee for online payment by check.

[Home](#)

MDAR Applications

## MDAR - Massachusetts Pesticide License Application

1 Application Information	2 Documents	3 Applicant and Contributors	4 Review	5 Record Submitted
---------------------------	-------------	------------------------------	----------	--------------------

### Step 1: Application Information > Page 3 of 3

If you are making pesticide applications in your capacity as a government employee, please upload your [Government Employee Letter](#).

If you are making pesticide applications outside of your role as a government employee, please upload your [Proof of Insurance](#).

\* indicates a required field.

### Additional Information

Massachusetts Pesticide License Number:

Insurance is not applicable to Private Certification Applications or Dealer License Applications

\* Are you making pesticide applications in your capacity as a government employee?:

☐ Yes ☒ No

Current Insurance Carrier: \*

Insurance Expiration Date: \*



\*For those individuals that indicate "Yes", I am making pesticide applications in my capacity as a government employee, they will need to upload a letter from their Agency to prove this.

\*For most individuals, their pesticide applications are NOT in the capacity as a government employee; as such, these applicants will need to provide their insurance information and upload a copy of their valid Certificate of Insurance (COI), provided by their employer.


[Continue Application »](#)

[Save and resume later](#)

# Upload Insurance or Proof of Government Employee Letter

- Proof of insurance is required for pesticide applicators seeking a new commercial license or to renew their existing commercial license
- The Certificate of Insurance (COI) can be obtained through your employer or via your insurance agent

# Sample COI

CERTIFICATE OF LIABILITY INSURANCE					DATE: 01/01/2022	
<b>PRODUCER</b> <b>Name address and Phone Insurance Agent</b> <b>Phone:</b>			THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.			
<b>INSURED</b> <b>Name and Address Company Insured</b>			<b>INSURERS AFFORDING COVERAGE</b> INSURER A: INSURER B: INSURER C: INSURER D: INSURER E:		<b>NAIC #</b>     	
<b>COVERAGES</b> THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.						
LINE	INSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A		<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> GENL AGGREGATE LIMIT APPLIES PER POLICY <input type="checkbox"/> PROD <input type="checkbox"/> LOC		07/01/17	07/01/18	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (EA OCCUR) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPROP AGG \$ 2,000,000
A		<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		07/01/17	07/01/18	COMBINED SINGLE LIMIT (EA ACCIDENT) \$ 1,000,000 BODILY INJURY \$ BODILY INJURY \$ PROPERTY DAMAGE \$ JTD ONLY - EA ACCIDENT \$ OTHER THAN JTD ONLY: EA ACC \$ AGG \$ EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000
A		<b>EXCESS/UMBRELLA LIABILITY</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS <input type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$10,000				EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000
B		<b>WORKERS COMPENSATION AND EMPLOYERS LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (See schedule code SPECIAL PROVISIONS below)		07/01/17	07/01/18	S.L. EACH ACCIDENT \$ 1,000,000 S.L. DISEASE - EA EMPLOYEE \$ 1,000,000 S.L. DISEASE - POLICY LIMIT \$ 1,000,000
A		<b>Contractors Equip</b> <b>Limited Pollution</b>		07/01/17	07/01/18	LIMIT \$139,322 Limit \$100,000
ENDORSEMENTS OR OTHER SPECIAL PROVISIONS: POLICIES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS						
<b>CERTIFICATE HOLDER</b> DEPA03 Department of Agriculture Resource Steve Kenyon 251 Causeway St., Suite 500 Boston MA 02114			<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED  <b>Agent Signature</b>			

page 1

# Proof of Government Employment (PGE)

- Federal, State, and Municipal government employees follow a similar process but are required to upload a “Proof of Government Employee Letter”
- The letter must be on Agency letterhead and clearly indicate that such license is being used for government work only
- Pesticide applications made outside of one's government job to the property of another require a separate Certificate of Insurance (COI)

# Sample PGE Letter

THE COMMONWEALTH OF MASSACHUSETTS  
EXECUTIVE OFFICE OF ENERGY AND ENVIRONMENTAL AFFAIRS



CHARLES D. BAKER  
Governor

KARYN E. POLITO  
Lt. Governor

MATTHEW A. BEATON  
Secretary

JOHN LEBEAUX  
Commissioner

[Insert Date]

Massachusetts Department of Agricultural Resources  
Pesticide Program – Attn: Licensing  
251 Causeway ST; Suite 500  
Boston, MA 02114

RE: Payments and Insurance Requirements

Dear Sir/Madam:

Attached please find the completed payment and signed [Insert License Application(s) or License Renewal Form(s)].

Please note that this/these individual(s), whose names are listed below, are employees of the [Insert Federal/State/City/Town Agency Name]. As per State Pesticide Regulations, 333 CMR 10.13(8), they are exempt from the Financial Responsibility (insurance requirements), when their pesticide applicator activities are part of their duties as governmental employees when they are working in their governmental capacity.

- John Doe, License Number [Insert Number]; and
- Jane Doe, License Number [Insert Number].

Please contact me if you have any questions.

Sincerely,

[Name of Program Coordinator], [Title]  
Enclosures [Insert Number]  
[email and phone number]

ADAR Pesticide License Application in the  
EEA ePLACE Portal

# Sign Attestation and Add COI or PGE

[Home](#)

[MDAR Applications](#)

**MDAR - Massachusetts Pesticide License Application**

1 Application Information

2 Documents

3 Applicant and Contributors

4 Review

5 Record Submitted

**Step 2 : Documents > Page 1**

\* indicates a required field.

**List of Documents**

Documents:

**Please upload Required Document(s) which are mandatory to submit this Application:**

1. Proof of Insurance

Attestation: \*

I hereby acknowledge and understand that my application shall not be considered complete unless and until an attestation by an insurance broker certifying that insurance policy coverage in force and issued on my behalf meets or exceeds the standards set forth in 333 CMR 10.13, unless otherwise exempt or waived in accordance with M.G.L. c. 132B and 333 CMR 10.00 et seq.

\*I have read and agree with the above attestation:

☐

Date: \*

**You must check the attestation box and select the date!**

**Attachment**

When uploading file document(s) the maximum file size allowed is 50 MB.  
The 'File Name' (including file extension) MUST NOT exceed 75 characters in length.  
The document 'Description' MUST NOT exceed 50 characters in length.  
Documents that exceed any of these limits will be removed by the system, and cannot be retrieved, which may delay the review process.

Name	Type	Size	Latest Update	Action
No records found.				

**Add**

**Select Add to begin the Upload!**

**Continue Application »**

**Save and resume later**

# Select Add

**Step 2: Documents > Page 1** \* indicates a required field.

**List of Documents**

Documents: ?

Please upload Required Document(s) which are mandatory to submit this Application:

1. Proof of Insurance

Attestation: \*

I hereby acknowledge and understand that my application shall not be considered complete unless and until an attestation by an insurance broker certifies that the application meets the standards set forth in 333 CMR 10.00 et seq.

\*I have read and agree to the terms and conditions of the application. ☒

Date: \*  
09/26/2017

**Attachment**

When uploading file document(s) the maximum file size allowed is 50 MB.  
The 'File Name' (including file extension) MUST NOT exceed 75 characters in length.  
The document 'Description' MUST NOT exceed 50 characters in length.  
Documents that exceed any of these limits will be removed by the system, and cannot be retrieved, which may delay the review process.

Name	Type
No records found.	

[Add](#)

[Continue Application »](#) [Save and resume later](#)

**File Upload** ×

When uploading file document(s) the maximum file size allowed is 50 MB.  
The 'File Name' (including file extension) MUST NOT exceed 75 characters in length.  
The document 'Description' MUST NOT exceed 50 characters in length.  
Documents that exceed any of these limits will be removed by the system, and cannot be retrieved, which may delay the review process.

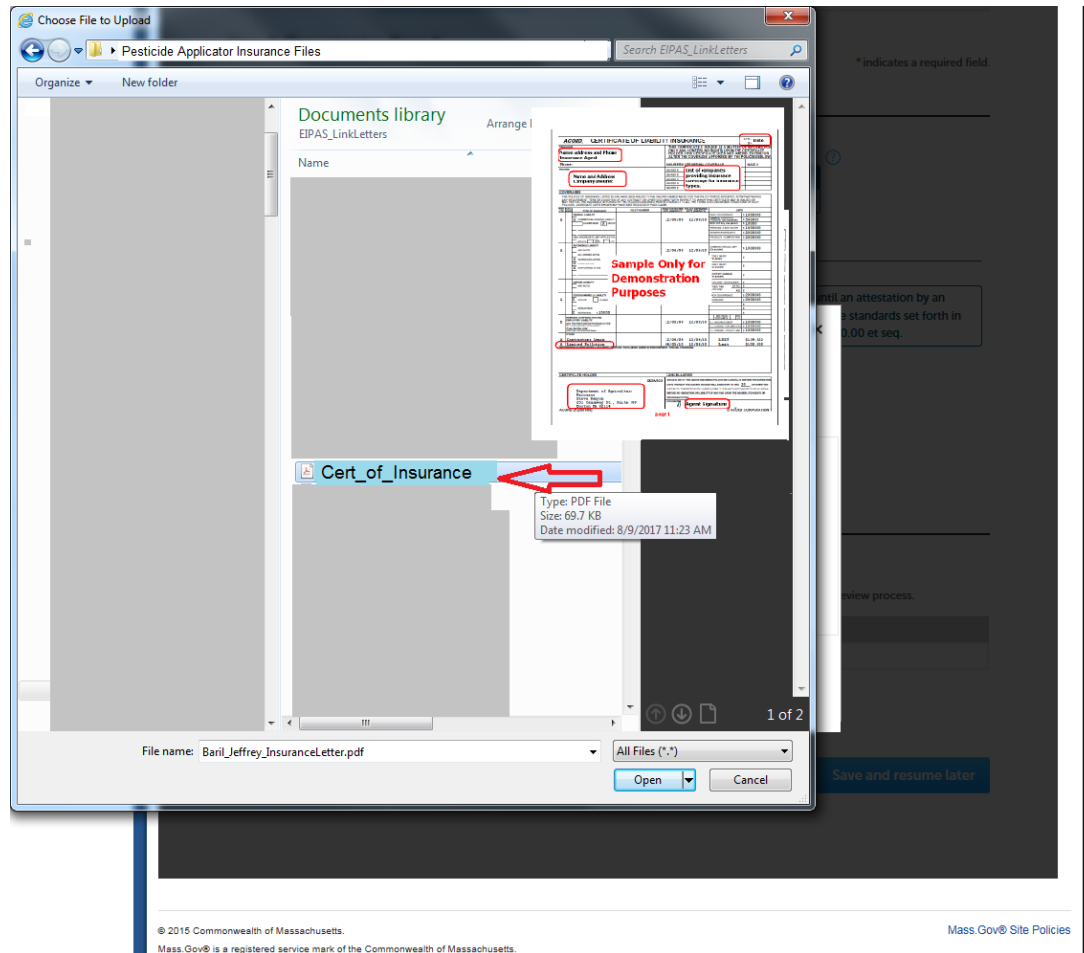
**Click Add**

[Continue](#) [Add](#) [Remove All](#) [Cancel](#)

© 2015 Commonwealth of Massachusetts.  
Mass.Gov® is a registered service mark of the Commonwealth of Massachusetts.

Mass.Gov® Site Policies

# Locate File on Computer





# Continue

Step 2: Documents > Page 1

\* indicates a required field.

### List of Documents

Documents:

Please upload Required Document(s) which are mandatory to submit this Application:

1. Proof of Insurance

Attestation: \*

I hereby acknowledge and understand that my application shall not be considered complete unless and until an attestation by an insurance broker certifies that the application meets the standards set forth in 333 CMR 10.00 et seq.

\*I have read and agree ☒

Date: \*  
09/26/2017

### Attachment

When uploading file documents:  
The File Name (including file extension) MUST NOT exceed 75 characters in length.  
The document 'Description' MUST NOT exceed 50 characters in length.  
Documents that exceed any of these limits will be removed by the system, and cannot be retrieved, which may delay the review process.

Name	Type
No records found.	

[Add](#)

[Continue Application >](#)

[Save and resume later](#)

#### File Upload

When uploading file document(s) the maximum file size allowed is 50 MB.  
The File Name (including file extension) MUST NOT exceed 75 characters in length.  
The document 'Description' MUST NOT exceed 50 characters in length.  
Documents that exceed any of these limits will be removed by the system, and cannot be retrieved, which may delay the review process.

MDAR\_Insurance\_Doc.PDF 100%

**After adding the COI or PGE Letter, Select Continue**

[Continue](#) [Add](#) [Remove All](#) [Cancel](#)

# Select Type and Enter Description

I hereby acknowledge and understand that my application shall not be considered complete unless and until an attestation by an insurance broker certifying that insurance policy coverage in force and issued on my behalf meets or exceeds the standards set forth in 333 CMR 10.13, unless otherwise exempt or waived in accordance with M.G.L. c. 132B and 333 CMR 10.00 et seq.

\*I have read and agree with the above attestation:

☒

Date: \*  
09/26/2017

### Attachment

When uploading file document(s) the maximum file size allowed is 50 MB.  
The File Name (including file extension) MUST NOT exceed 75 characters in length.  
The document 'Description' MUST NOT exceed 50 characters in length.  
Documents that exceed any of these limits will be removed by the system, and cannot be retrieved, which may delay the review process.

Name	Type	Size	Latest Update	Action
No records found.				

\*Type: Proof of Insurance Remove

File:  
Cert\_of\_Insurance  
100%

\*Description (Maximum 50 characters):  
My Pesticide License Proof of Insurance

Note: A description is required, but no more than 50-characters!

Save Add Remove All


Continue Application » Save and resume later


**Save your work!**

© 2015 Commonwealth of Massachusetts.  
Mass.Gov® is a registered service mark of the Commonwealth of Massachusetts.

Mass.Gov® Site Policies

# Success! Now Continue Application

**The attachment(s) has/have been successfully uploaded.**  
It may take a few minutes before changes are reflected.

**Process completed Successfully!**

MDAR - Massachusetts Pesticide License Application

1 Application Information

2 Documents

3 Applicant and Contributors

4 Review

5 Record Submitted

Step 2 : Documents > Page 1

\* indicates a required field.

List of Documents

Documents:

Please upload Required Document(s) which are mandatory to submit this Application:

1. Proof of Insurance

Attestation: \*

I hereby acknowledge and understand that my application shall not be considered complete unless and until an attestation by an insurance broker certifying that insurance policy coverage in force and issued on my behalf meets or exceeds the standards set forth in 333 CMR 10.13, unless otherwise exempt or waived in accordance with M.G.L. c. 132B and 333 CMR 10.00 et seq.

\*I have read and agree with the above attestation:

☒

Date: \*

09/26/2017


Attachment

When uploading file document(s) the maximum file size allowed is 50 MB.  
The 'File Name' (including file extension) MUST NOT exceed 75 characters in length.  
The document 'Description' MUST NOT exceed 50 characters in length.  
Documents that exceed any of these limits will be removed by the system, and cannot be retrieved, which may delay the review process.

Name	Type	Size	Latest Update	Action
Bari_Jeffrey_InsuranceLetter.pdf	Proof of Insurance	69.73 KB	Pending	

Add

Continue Application »

**Continue the Application!**

Save and resume later

# Add New Employer / Company Information

Home

MDAR Applications

MDAR - Massachusetts Pesticide License Application


1 Application Information	2 Documents	3 Applicant and Contributors	4 Review	5 Record Submitted
---------------------------	-------------	------------------------------	----------	--------------------

Step 3: Applicant and Contributors > Page 1

\* indicates a required field.

Employer Information

Please enter your employer information by clicking the "Add New" button below. If you own/operate your own business, please enter your business contact information.

 [Add New](#) [Look Up](#) **Employer / Company information is required!**

Showing 0-0 of 0

Contact Type	Full Name	Company/Employer Name	Phone	E-mail	Action
No records found.					

Applicant Information

To View your contact, click the View link.

**Applicant Information:**

Steven Kenyon  
251 Causeway ST  
Boston, MA, 02114  
Telephone #: 617-626-1784 Email: steve.kenyon@state.ma.us

[View](#)

[Continue Application »](#) [Save and resume later](#)

# Contact Added Successfully

Home

MDAR Applications

MDAR - Massachusetts Pesticide License Application

1 Application Information 2 Documents 3 Applicant and Contributors 4 Review 5 Record Submitted

**Step 3: Applicant and Contributors > Page 1**

\* indicates a required field.

**Employer Information**

Please enter your employer information by clicking the "Add New" button below. If you own/operate your own business, please enter your business contact information.

[Add New](#) [Look Up](#)

✔ Contact added successfully.

Showing 1-1 of 1

Contact Type	Full Name	Company/Employer Name	Phone	E-mail	Action
<a href="#">Employer Information</a>		MDAR Pesticide Program	617-626-1784	steve.kenyon@state.ma.us	<a href="#">Edit</a> <a href="#">Delete</a>

**Applicant Information**

To View your contact, click the View link.

**Applicant Information:**

Steven Kenyon  
251 Causeway ST  
Boston, MA, 02114  
Telephone #: 617-626-1784 Email: steve.kenyon@state.ma.us

[View](#)

[Continue Application »](#) [Save and resume later](#)

# Review and Certification

**Step 4: Review**



[Continue Application »](#)

[Save and resume later](#)

Please review all information below. Click the "Edit Application" button to make changes, if needed.

## Review and Certification

---

[Edit Application](#)

### Exam Information

---

Exam Reference Number: 21-EXAM-2280

### License Type

---

License Type: Applicator (Core) License

License Category:

### Additional Information

---

Massachusetts Pesticide License Number:

Are you making pesticide applications in your capacity as a government employee?: No

# Review and Certification

## Employer Information

Showing 1-1 of 1

Contact Type	Full Name	Company/Employer Name	Phone	E-mail	Action
Employer Information		MDAR Pesticide Program	617-626-1784	steve.kenyon@state.ma.us	<a href="#">Edit</a>

## Applicant Information

Steven Kenyon  
251 Causeway ST  
Boston, MA, 02114

Telephone Number: 617-626-1784  
E-mail: steve.kenyon@state.ma.us

In accordance with M.G.L. c. 62C, Section 49A, I certify under the penalties of perjury that I have complied with all laws of the Commonwealth of Massachusetts relating to taxes, reporting of employees and contractors, and withholding and remitting of child support.

I further acknowledge that by submitting this application I am consenting to the release of tax and child support data to the Massachusetts Department of Agricultural to the extent necessary to confirm my adherence to the tax and child support laws of the Commonwealth of Massachusetts in accordance with M.G.L. c. 62C, Section 49A.



Step 2 After making any needed changes, check the box to attest to the above statement!

☐ I have read and agree with the above attestation.

Date:

[Continue Application »](#)

[Save and resume later](#)

# Choose Payment Method

Home

MDAR Applications

MDAR - Massachusetts Pesticide License Application

1	2 Documents	3 Applicant and Contributors	4 Review	5 Pay Fees	6 Record Submitted
---	-------------	------------------------------	----------	------------	--------------------

**Step 5: Pay Fees**

Listed below is the fee for the authorization that you are applying for. The following screen will display your total fees.

Payment may be made by electronic check or credit card for a nominal processing fee. The electronic check fee is \$0.35 per transaction. Credit card payments are 2.35% per transaction. Clicking on the PAY ONLINE button will bring you to the secure online payments portal. Once you have made payment, you will be returned to your application for submittal.

Payment may also be made by mail. However, review of your application will not begin until payment is received. By clicking on the Pay by Mail button, you will have submitted your application. You will receive a notification email with the location and address to send your payment. That information is also available in the instructions for this authorization.

**Application Fees**

Fees	Amount
Applicator Core License	\$100.00

**Choose payment method**

↓ Or ↓

Pay Online » Pay by Mail »

\$100.00



# Successfully Completed

[Home](#)

MDAR Applications


## MDAR - Massachusetts Pesticide License Application

1	2 Documents	3 Employer Information	4 Review	5 Pay Fees	6 Record Issuance
---	-------------	------------------------	----------	------------	-------------------

### Step 6: Record Issuance



Successfully Completed.

Thank you for using our online services for your submission.  
Your Record Number is 21-PLIC-1169-APP. 

Please note that you will be receiving email notifications for your submission and the progress of your application. If you did not receive a confirmation email for your submission please contact the HelpDesk service, contact information provided above.

If you need to start a new application, please click Home Button.

# Review “My Records”


Home

DashboardMy RecordsMy Account

If you chose to "Pay by Mail" then you will see that the Status is "Payment Pending". An online payment is still possible by clicking the hyperlink to "Pay Fees Due".

▼ MDAR

Showing 1-2 of 2 | [Download results](#) | [Add to collection](#)

<input type="checkbox"/>	Date	Record Number	Record Type	Category	Expiration Date	Status	Action
<input type="checkbox"/>	08/05/2021	<a href="#">21-EXAM-2280</a>	MDAR - Massachusetts Pesticide Exam Application	Applicator (Core) License		License Application Submitted	
<input type="checkbox"/>	08/15/2021	<a href="#">21-PLIC-1169-APP</a>	MDAR - Massachusetts Pesticide License Application	Applicator (Core) License		Payment Pending	<a href="#">Pay Fees Due</a> 

See the Exam Registration Application -- filed on 08/05/2021.

See the Applicator (core) License Application -- filed on 08/15/2021.

# Wait for MDAR Review

- Even if you made an “Online Payment” via credit card or checking, the MDAR is required to review and approve each new license application or renewal application.
- Please be patient as this may take a day or two and more if submitted during the busy annual renewal season.

# Receive License Letter via Email

- Once your license application or renewal application has been approved you will receive an email from the ePLACE Portal with your License Letter attached.
- Please print the attached license letter and keep it on your person when using pesticides.
- Save the email with attachment for future use should you need another copy of your license.

# Receive Technical Assistance

- **Need Help?** For technical assistance in using this web application, please call the ePLACE Help Desk Team at [\(844\) 733-7522](tel:8447337522) or (844) 73-ePLAC between the hours of 7:30 AM-5:00 PM Monday-Friday, with the exception of all Commonwealth and Federally observed holidays. If you prefer, you can also e-mail us at [ePLACE\\_helpdesk@state.ma.us](mailto:ePLACE_helpdesk@state.ma.us). For assistance with non-technical questions, please contact the issuing Agency directly using the links below.

# Thank You

- Additional Questions?
  - Contact the Pesticide Program Exam and Licensing Team:
    - Voice Mail: (508) 281-6787
    - Email: [pestexamlicense@mass.gov](mailto:pestexamlicense@mass.gov)