

Submit an Amendment to Update Your Pesticide License

Pesticide Program

Division of Crop & Pest Services

Mass. Department of Agricultural Resources

What is an Amendment Application?

- It's an online application you submit from your EEA ePLACE Portal Account to update your records and receive an updated copy of your pesticide license--including:
 - Update your employer information.
 - Update your insurance information.
 - Update your mailing address.

What Can't You Do via the Amendment Application?

- For the below listed updates, you must contact the MDAR or EEA ePLACE Help Desk—as this information cannot be updated via the Amendment Application.
 - You cannot update your first and last name via the Amendment Application.
 - You cannot update your email address via the Amendment Application.
 - You cannot update your pesticide training credits via the Amendment Application.

Gather Any Needed Files to be Submitted with the Application e.g. COI to Update Your Insurance.

Before you begin, please gather any needed documentation have it saved and ready to upload into your amendment application. This will make the process of submitting your amendment simple and efficient.

If you have changed employers, then you will need the new Certificate of Insurance (COI) for the new employer or the Proof Government Employee Letter if you are making pesticide applications for your municipal, state, or federal agency employer.

Liability Insurance Certificate

Proof of Government Employee

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!



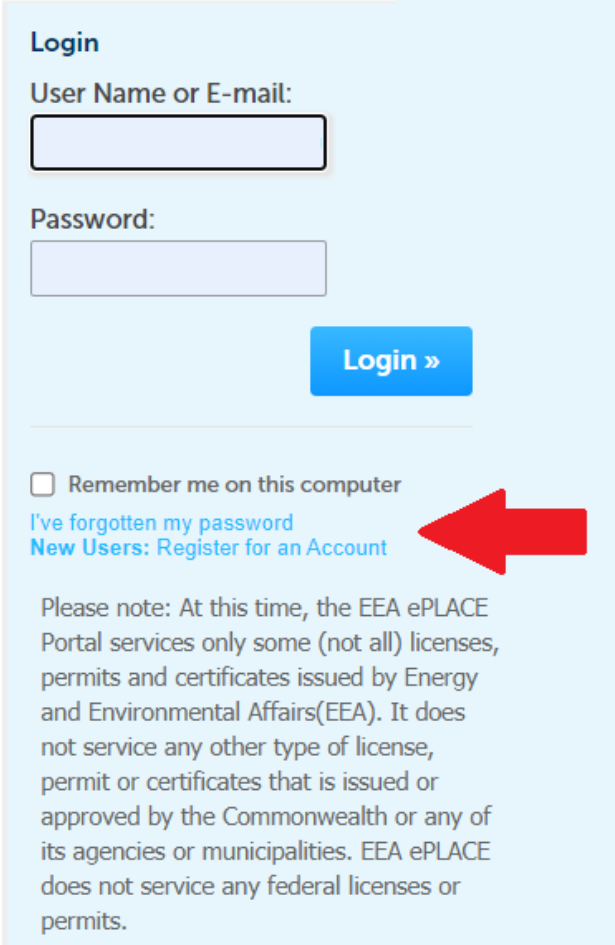
Log Into Your EEA ePLACE Portal Account

Go to the EEA ePLACE Portal webpage and log into your account.

<https://eplace.eea.mass.gov/citizenaccess/>

Forgot your Password? Use the Password reset tool

Need Help? For login assistance, please call the ePLACE Help Desk Team at 844-73-ePLAC (844-733-7522), 7:30 AM-5:00 PM, Monday-Friday (except on holidays)



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 EEA 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. EEA ePLACE does not service any federal licenses or permits.

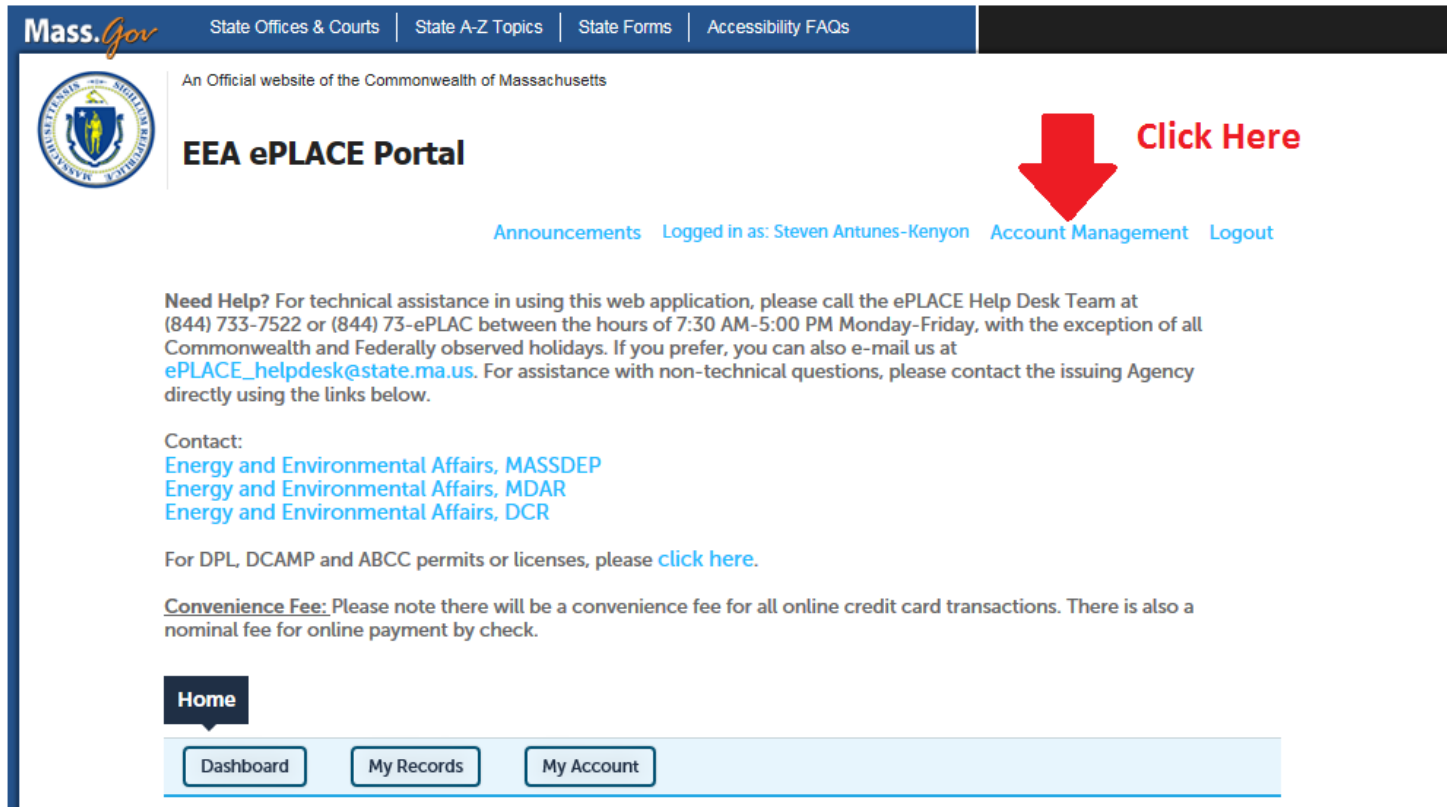
File Your Amendment Application in Two Primary Steps

- After gathering any needed electronic copies of insurance, etc., and after logging into your EEA ePLACE Portal, please follow the detailed instructions outlined in this guide to submit your amendment application.
 - **Step 1:** Make any needed updates to your information using Account Management tools.
 - **Step 2:** File your Amendment Application—and await MDAR review and approval—no fees apply.

Step 1: Update Your Information Using the Account Management Tools

- There two **IMPORTANT** places where you will periodically need to update your information.
 - 1. **Login Information** – includes your security questions and password.
 - 2. **Contact Information** – includes your mailing address that is printed on your license or certification and your primary phone number.

Click on Account Management



The screenshot shows the EEA ePLACE Portal website. At the top, there is a navigation bar with links for State Offices & Courts, State A-Z Topics, State Forms, and Accessibility FAQs. Below this, the Mass.gov logo is on the left, and the text "An Official website of the Commonwealth of Massachusetts" is in the center. The main heading is "EEA ePLACE Portal". To the right of this heading, a large red arrow points down to the "Account Management" link in the navigation menu. The navigation menu also includes "Announcements", "Logged in as: Steven Antunes-Kenyon", and "Logout". Below the navigation menu, there is a section for "Need Help?" providing contact information for the ePLACE Help Desk Team. Further down, there is a "Contact:" section with links to "Energy and Environmental Affairs, MASSDEP", "Energy and Environmental Affairs, MDAR", and "Energy and Environmental Affairs, DCR". A note mentions "For DPL, DCAMP and ABCC permits or licenses, please click here." and another note mentions a "Convenience Fee" for online credit card transactions. At the bottom, there is a "Home" button and a row of buttons for "Dashboard", "My Records", and "My Account".

Mass.gov State Offices & Courts | State A-Z Topics | State Forms | Accessibility FAQs

An Official website of the Commonwealth of Massachusetts

EEA ePLACE Portal

[Announcements](#) [Logged in as: Steven Antunes-Kenyon](#) [Account Management](#) [Logout](#)

Click Here

Need Help? For technical assistance in using this web application, please call the ePLACE Help Desk Team at (844) 733-7522 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. For assistance with non-technical questions, please contact the issuing Agency directly using the links below.

Contact:
[Energy and Environmental Affairs, MASSDEP](#)
[Energy and Environmental Affairs, MDAR](#)
[Energy and Environmental Affairs, DCR](#)

For DPL, DCAMP and ABCC permits or licenses, please [click here](#).

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

[Dashboard](#) [My Records](#) [My Account](#)

Update Password, Security Questions, and Mailing Address

Account Type

Citizen Account

Login Information

Edit

User Name: Steve Kenyon
E-mail: SteveA-K@BostonMail.com
Password: *****
Security Question: What was your favorite day in 2017?
Security Question: What was the name of your Street in 1999?
Security Question: What is the name of your favorite city?
Security Question: Who is your favorite cousin?
Security Question: At what age did you get your motorcycle license?

Click on Edit

Contact Information

Add New

Please select "Add New" to provide contact information. E-mail addresses must be current in order to receive important legal and other notices relating to your use of this Portal. An e-mail will be sent to the e-mail address provided during the registration process.

This contact information pertains to the account registration for this Portal. All other changes to contact information should be made through the application or amendment process with the applicable Agency.

You can associate "Individual" type of contact with your registration.

Individual - Individual is a person. If you are a Sole Proprietor add yourself as an "Individual" contact.

Showing 1-1 of 1 | [Download results](#)

First Name	Middle Name	Last Name	Business Name	Contact Type	Status	Action
Steven	Edward	Antunes-Kenyon		Individual	Approved	Actions ▼ Edit

Click on Actions and Edit

Update Your Login Information

Login Information

Your current account information is shown below. Click Edit button to update information within a section.

For changes to your registration/contact email address please click [here](#).

* User Name:

SteveProdTestKenyon

* Registration/Contact E-mail Address:

steve.kenyon2@mass.gov

* Old Password:

* New Password:

Password Strength

Requirements

* Confirm Password:

* Create Security Questions:

Q1

?

?

?

←

←

"Grayed out" fields indicating that you cannot update these fields but must contact the Help Desk or MDAR for assistance.

2/6/2024

Guide to Updating Your EEA ePLACE Portal
Account

11

Update Your Mailing Address

Home

Dashboard My Records My Account

View Contact Detail

Contact Information

Salutation: Mr. * Legal First Name: STEVEN Middle Name: * Legal Last Name: Kenyon

* Country: United States * P.O. Box / Address Line: 100 Cambridge ST; 9th FL

* City: Boston * State: MA * Zip: 02114-

* Primary Phone: 857-278-8318 Mobile Phone:

* Contact E-mail Address: steve.kenyon2@mass.gov

Save [Back to Account Management](#)

"Grayed out" fields indicating that you cannot update these fields but must contact the Help Desk or MDAR for assistance.

Important Note

- Please be sure that all your information in Account Management is correct.
 - Only MDAR or the EEA ePLACE Portal Support Team can update your email address.
 - All notifications, license letters, etc. are sent to the email address that we maintain for you.
 - What's printed on your license letter comes from the contact information that you maintain in Account Management.

Step 2: Begin Your Amendment Application

- Click on My Records to see a list of your examination and license records.
- Find your active Pesticide License Record beginning with either AL, CC, PC, CB, or DL.
- Click on the [Amendment](#) hyperlink to begin the Amendment Application.

Click on the Amendment Hyperlink

The screenshot shows the MDAR Pesticide License Record interface. At the top, there is a navigation bar with 'Home', 'Dashboard', 'My Records', and 'My Account'. A red arrow points to 'My Records' with the annotation '(1) Click on My Records and find your "Active" Pesticide License Record'. Below this, a dropdown menu shows 'MDAR'. A table displays three records. The second record, dated 09/26/2017, is highlighted with a yellow box around its identifying number 'AL-0000018' and its status 'Active'. A red arrow points to the 'Amendment' hyperlink in the 'Action' column of this record with the annotation '(2) Click on the Amendment Link to publish the changes to your contact information and update your employer and insurance information'.

Home

Dashboard My Records My Account

▼ MDAR

(1) Click on My Records and find your "Active" Pesticide License Record

(2) Click on the Amendment Link to publish the changes to your contact information and update your employer and insurance information

Showing 1-3 of 3 | [Download results](#) | [Add to collection](#)

<input type="checkbox"/>	Date	Identifying Number	Record Type	Project Name	Expiration Date	Status	Action
<input type="checkbox"/>	09/26/2017	17-PLIC-000012-APP	MDAR - Massachusetts Pesticide License Application	Applicator (Core) License		Approved	
<input type="checkbox"/>	09/26/2017	AL-0000018	MDAR - Massachusetts Pesticide License Authorization	Applicator (Core) License	12/31/2017	Active	Amendment
<input type="checkbox"/>	09/08/2017	17-EXAM-000031	MDAR - Massachusetts Pesticide Exam Application	Applicator (Core) License		License Application Submitted	

Indicate the Changes you Want to Make and Continue the Application

Home

MDAR Applications

MDAR - Massachusetts Pesticide License Amendment

1 Amendment Information	2 Documents	3 Review	4 Record Submitted
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Step 1: Amendment Information > Page 1 of 3

Please note Pesticide Training Credits (CEUs) can only be claimed and uploaded via the Annual Renewal Application. You cannot update Pesticide Training Credits (CEUs) in the Amendment Application.

* indicates a required field.

License Type

*License Type:
Commercial Certification

Amendment Information

Click the below checkbox(es) to indicate the changes you want to make during this process.

Insurance changes:
☒

Applicant/Employer Information Changes:
☒

Continue Application »

Save and resume later

In the Amendment Application, you specify the updates or "amendments" that you wish to make. e.g. Insurance updates or Employer updates. As noted above, you cannot update your training credits or CEUs via the Amendment Application.

Click the tick boxes to indicate which changes you want to make. You may make changes to both in one application.

Make Changes to Insurance and Continue the Application

Step 1: Amendment Information > Page 2 of 3

If the sole purpose of your Applicator (core) License or Commercial Certification is for making pesticide applications in your official capacity as a government employee, please select "Yes" below and prepare to upload your Government Employee Letter in Step 2 Documents.

If you are not a government employee or otherwise make any pesticide applications on the property of others outside of your official capacity as government employee, you must select "No". Please enter the expiration date of your liability insurance and the name of the insurance company providing such liability coverage. Prepare to upload your Certificate of Liability Insurance (COI) in Step 2 Documents.

* indicates a required field.

Insurance Information

Massachusetts Pesticide License Number: ?

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

☐ Yes ☒ No

Current Insurance Carrier: *

Insurance Expiration Date: *



Continue Application »

Save and resume later

Those who are licensed for purposes of making pesticide applications as part of their duties for their municipal, state, or federal employer would select "Yes"; otherwise, please select "No".

If you have a commercial license and make applications to the property of others, you will need to update your insurance information. The insurance carrier and expiration date are found on your insurance certificate.

Edit Employer / Supervisor Information

MDAR - Massachusetts Pesticide License Amendment

1 Amendment Information	2 Documents	3 Review	4 Record Submitted
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Step 1: Amendment Information > Page 3 of 3

* indicates a required field.

Employer / Supervisor Information

Please select "Edit" to modify your Employer Information or select "Delete" to create a completely new Employer Information.

✓ Required Contact Type Minimum
Employer Information 1

Add New

Showing 1-1 of 1

Contact Type	Full Name	Company/Employer Name	Phone	E-mail	Action
Employer Information		Self Employed	999-999-9999		Edit Delete

Continue Application »

Save and resume later

Enter New Employer / Supervisor Details and Click the Continue Button

Contact Information

×

*Employer/Supervisor Name:

Department of Agricultural Resources

License Number:

*Telephone #:

999-999-9999

E-mail:

DirectorLascolaMiner@mass.gov

*Address / P.O. Box

251 Causeway ST

*City/Town:

Boston

*State:

MA

*Zip Code:

02114-

Continue

Discard Changes

Complete Updates to Employer and Continue the Application

MDAR - Massachusetts Pesticide License Amendment

1 Amendment Information	2 Documents	3 Review	4 Record Submitted
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Step 1: Amendment Information > Page 3 of 3

* indicates a required field.

Employer / Supervisor Information

Please select "Edit" to modify your Employer Information or select "Delete" to create a completely new Employer Information.

✓ Required Contact Type Minimum
Employer Information 1

Add New

✓ Contact updated successfully.

Employer updates completed successfully

Showing 1-1 of 1

Contact Type	Full Name	Company/Employer Name	Phone	E-mail	Action
Employer Information		Self Employed	999-999-9999	DirectorLascola-Miner@mass.gov	Edit Delete

Continue Application »

Changes made

Save and resume later

See List of Required Documents and Directions for Uploading

MDAR - Massachusetts Pesticide License Amendment

1 Amendment Information	2 Documents	3 Review	4 Record Submitted
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Step 2: Documents > Page 1 of 1

Please find below a list of documents that are required to process your application.

Click the "Add" button to begin uploading your documents. Select the documents from your computer and then click continue. Select the specific document type from the drop-down list. Add a brief description and click the "Save" button to save your updates. Repeat these steps for all required documents.

After all documents are uploaded and saved, click "Continue Application."



* indicates a required field.

List of Documents

Please upload your proof of insurance or your insurance exemption letter, if you are making pesticide applications in your capacity as a government employee. If you also make pesticide applications outside of your role as a government employee, then you must also upload your proof of insurance.

Documents:

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

1. Proof of Insurance



This is the document that will be uploaded into the application.

Certificate of Insurance (COI)

- Proof of insurance is required for pesticide applicators seeking a new commercial license or renewing an existing commercial license
 - The Certificate of Insurance (COI) can be obtained through your employer or via your insurance agent
 - Municipal, State, and Federal Government Employees who use pesticides exclusively within their role as government employees must upload a Proof of Government Letter

Proof of Government Employee (PGE)

- Federal, State, and Municipal government employees follow a similar process but are required to upload a “Proof of Government Employee” (PGE) 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 (COI)

Sample COI

CERTIFICATE OF LIABILITY INSURANCE					DATE: 01/01/2018	
PRODUCER Name address and Phone Insurance Agent Phone:			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.			
INSURED Name and Address Company Insured			INSURERS AFFORDING COVERAGE INSURER A: INSURER B: INSURER C: INSURER D: INSURER E:		NAIC # 	
COVERAGES 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		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <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		AUTOMOBILE LIABILITY <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		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO EXCESS/UMBRELLA LIABILITY <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		WORKERS COMPENSATION AND EMPLOYERS LIABILITY 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		OTHER Contractors Equip Limited Pollution		07/01/17	07/01/18	LIMIT \$139,322 Limit \$100,000
ENDORSEMENTS OR OTHER SPECIAL PROVISIONS: POLICIES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS						
CERTIFICATE HOLDER DEPAT03 Department of Agriculture Resource Steve Kenyon 251 Causeway St., Suite 500 Boston MA 02114			CANCELLATION 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 Agent Signature			

page 1

Sample Proof of Government Employee Letter



[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:

Please note that the following individual(s), whose name(s) is/are listed below, are employees of the [Insert Federal/State/City/Town Agency Name]. As per State Pesticide Regulations, 333 CMR 10.13(8), such individuals 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 Administrator or Program Coordinator], [Title]
[Email and Phone number]

Begin by Clicking the Add Button

Documents:

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

1. Proof of Insurance

Attestation:

When proof of training (credits) is required, I hereby acknowledge and understand that my application shall not be considered complete unless and until valid proof of my training is received as provided by the certificates issued to me by an authorized Pesticide Education Provider; and when proof of insurance is required, 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:

04/22/2022



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.

.bat;.bin;.dll;.exe;.js;.msi;.sql;.vbs;.ade;.adp;.chm;.cmd;.com;.cpl;.hta;.ins;.isp;.jar;.jse;.lib;.lnk;.mde;.msc;.msp;.mst;.php;.pif;.scr;.sct;.shb;.sys;.vb;.vbe;.vxd;.wsc;.wsf;.wsh are disallowed file types to upload.

Name	Type	Size	Latest Update	Action
No records found.				

Add



Click here to begin adding the required document.

Continue Application »

Save and resume later

Select Add Again

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 documents 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.

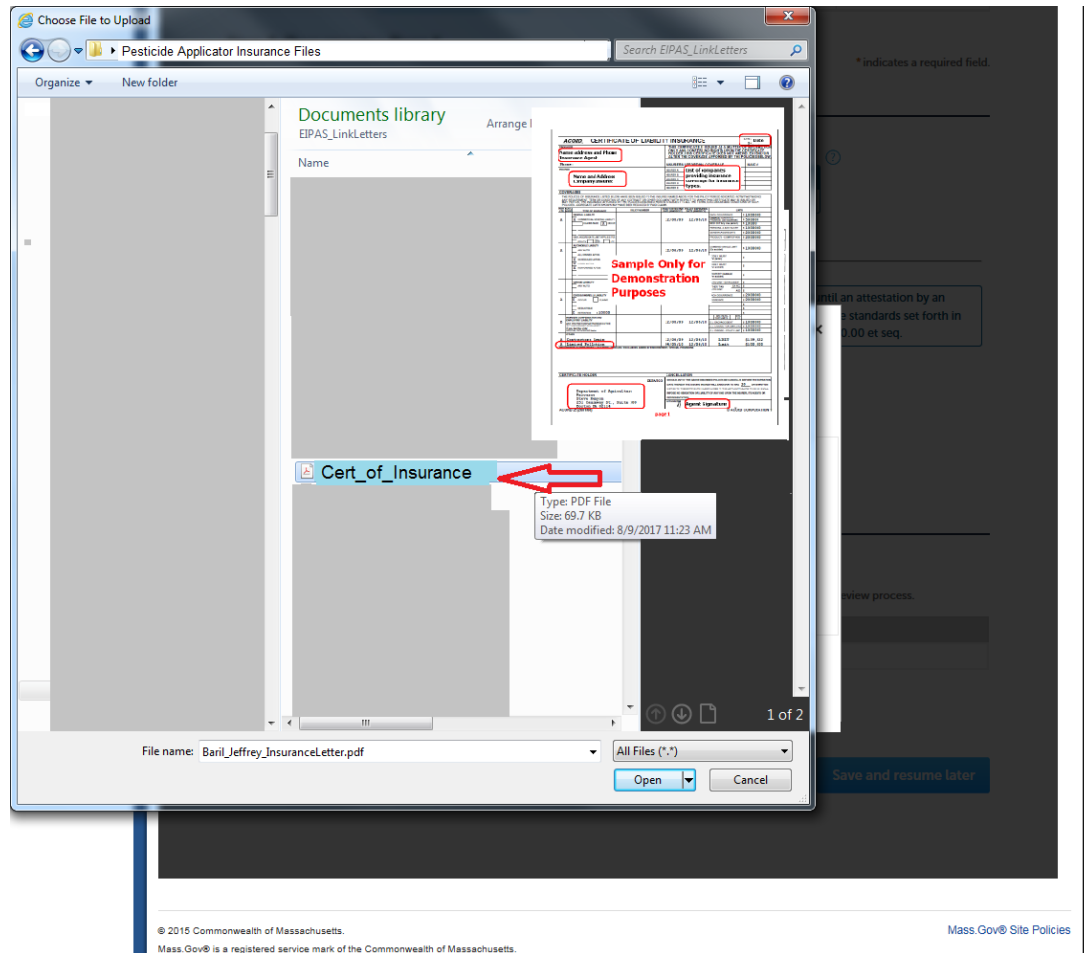
Click Add

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

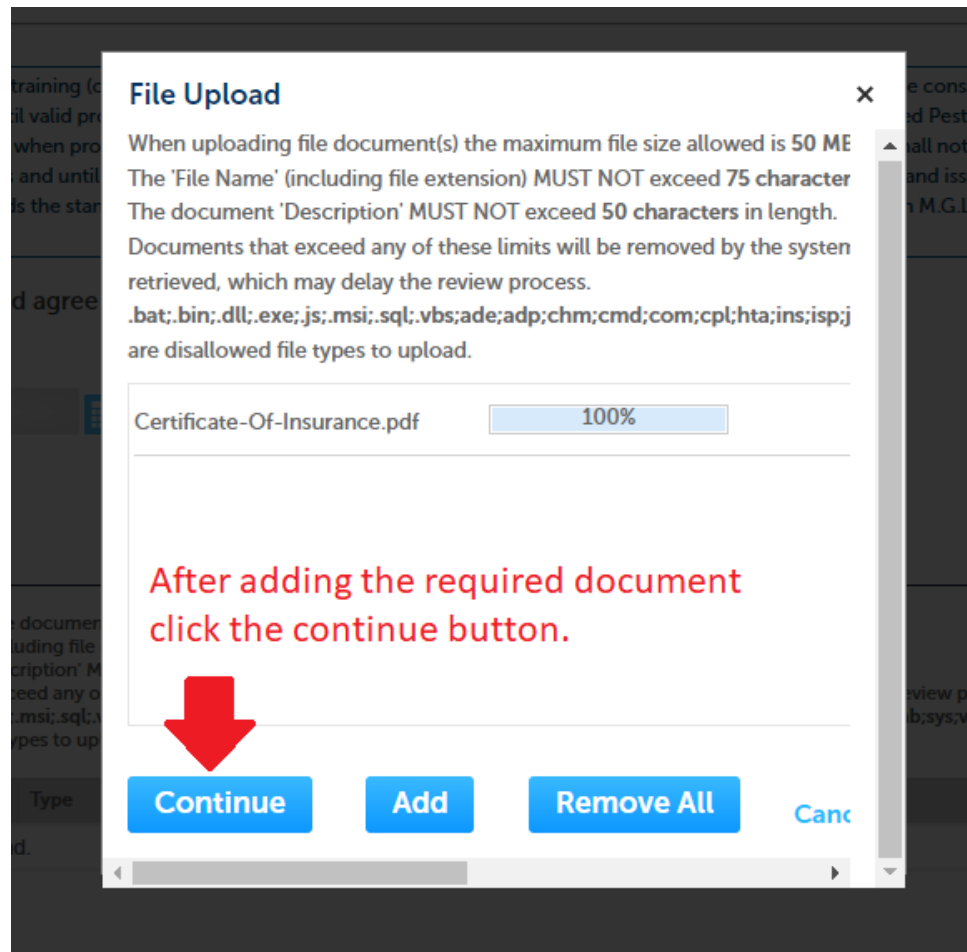
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Mass.Gov® Site Policies

Locate File on Computer



Click the Continue Button



Select Document Type and Enter Description and Click the Save Button

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.

.bat; .bin; .dll; .exe; .js; .msi; .sql; .vbs; .ade; .adp; .chm; .cmd; .com; .cpl; .hta; .ins; .isp; .jar; .jse; .lib; .lnk; .mde; .msc; .msp; .mst; .php; .pif; .scr; .sct; .shb; .sys; .vb; .vbe; .vxd; .wsc; .wsf; .wsh are disallowed file types to upload.

Name	Type	Size	Latest Update	Action
No records found.				

*Type:

Proof of Insurance

[Remove](#)

File:

ProofInsuranceOfflineApplicants.pdf

100%

*Description (Maximum 50 characters):

COI - Insurance

Save

Add


Remove All


After you "Add" the required documents, you must indicate the document "Type" and enter a brief "Description" for each document uploaded. Click the "Save" button and the system will indicate your success via the highlighted message.

Save and resume later

Continue Application »

Your Attachments are Uploaded! Now Continue the Application

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

MDAR - Massachusetts Pesticide License Amendment  **Document successfully uploaded**

1 Amendment Information	2 Documents	3 Review	4 Record Submitted
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Step 2: Documents > Page 1 of 1

Please find below a list of documents that are required to process your application.

Click the "Add" button to begin uploading your documents. Select the documents from your computer and then click continue. Select the specific document type from the drop-down list. Add a brief description and click the "Save" button to save your updates. Repeat these steps for all required documents.


After all documents are uploaded and saved, click "Continue Application."

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.
.bat;.bin;.dll;.exe;.js;.msi;.sql;.vbs;.ade;.adp;.chm;.cmd;.com;.cpl;.hta;.ins;.isp;.jar;.jse;.lib;.lnk;.mde;.msc;.msp;.mst;.php;.pif;.scr;.sct;.shb;.sys;.vb;.vbe;.vxd;.wsc;.wsf;.wsh
are disallowed file types to upload.

Name	Type	Size	Latest Update	Action
Certificate-Of-Insurance.pdf	Proof of Insurance	254.80 KB	04/22/2022	Actions ▼

Add

Continue Application » 

Save and resume later

Review and Certification

Upper Part of Application

Step 3: 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](#)

License Type

License Type:

Applicator (Core) License

Amendment Information

Insurance changes:

Yes

Applicant/Employer Information Changes:

Yes

Insurance Information

Massachusetts Pesticide License Number:

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

No

Current Insurance Carrier:

Accord

Insurance Expiration Date:

05/28/2022

Review and Certification

Lower Section of Application

Applicant Information

Individual
Steve Kenyon
251 Causeway ST
Boston, MA 02114

Telephone #: 123-123-2323
E-mail: Steve.Kenyon2@mass.gov

I hereby certify under the penalties of perjury that I have personally examined the information provided and that it is true, accurate, and complete. I further acknowledge that the submission of any false information may result in the denial, suspension, and/or revocation of any license, certification, and/or permit issued by the Massachusetts Department of Agricultural Resources and may also result in legal action in accordance with M.G.L. c. 132B and the laws of the Commonwealth of Massachusetts.

By checking the box below, I understand and agree that I am electronically signing and filing this application.

☐ I have read and agree with the above attestation.

Date:

Continue Application »

Save and resume later

After reviewing and checking over your application to be sure it's correct, click on the "Attestation" tick box and "Continue" the application.

Successfully Completed

Home

MDAR Applications

MDAR - Massachusetts Pesticide License Amendment

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Step 4: Record Submitted



Successfully Completed.

Thank you for using our online services for your submission.
Your Record Number is 22-PLIC-0005-AMD.

You will need this number to check the status of your application.



The record number assigned to your application, as well as its status, will now be found in the list of your records.

Await MDAR to Approve the Amendment

- After you submit the Amendment Application, the MDAR must review and approve it.
- After the Amendment is approved, you will be issued a new copy of your updated license document via email from eipas@mass.gov
- The updated License Letter will reflect any changes you made to your address in “Account Management” before you started the application.

ePLACE Technical Support

- **Need Help?** For technical assistance with the ePLACE website, please call the ePLACE Help Desk Team at 844-73-ePLAC (844-733-7522), 7:30 AM-5:00 PM, Monday-Friday (except on holidays)
- You can also email 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