

VIRGINIA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES  
OFFICE OF PESTICIDE SERVICES

P. O. Box 526 • Richmond, VA 23218  
102 Governor Street, 1<sup>st</sup> Floor, Richmond, VA 23219  
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**POWER OF ATTORNEY**

The following is for use by non-Virginia residents in designating an agent upon whom service of process (summons to court, etc.) may be had in the event of any suit against such non-resident person. You, as a non-resident pesticide applicator, may designate either the Secretary of the Commonwealth of Virginia as that agent or a duly appointed resident agent by completing and filing the following information.

Please complete and mail to the above address.

KNOWN ALL MEN BY THESE PRESENT: THAT \_\_\_\_\_  
(Applicant's name and address)  
residing at \_\_\_\_\_

does hereby make, constitute, and appoint \_\_\_\_\_  
of \_\_\_\_\_  
OR (Name and Address of agent)

does hereby make, constitute and appoint the SECRETARY OF THE COMMONWEALTH OF VIRGINIA, and his successor or successors in office to be the true and lawful agent and attorney-in-fact upon whom all legal processes against said non-resident person may be served; and the said person hereby stipulates and agrees that any lawful process against the said person which is duly served on said agent and attorney-in-fact shall be of the same legal force and validity as if served on said person.

IN WITNESS WHEREOF the said person has executed and subscribed this Power of Attorney  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ \_\_.

\_\_\_\_\_  
(Applicant's Signature) ATTEST: \_\_\_\_\_ (Witness's Signature)

State of \_\_\_\_\_ City (or County) of \_\_\_\_\_,

I, \_\_\_\_\_, a Notary Public in and for the State

and city or county aforesaid, hereby certify that \_\_\_\_\_ and  
(Applicant's Name)

\_\_\_\_\_ whose names are signed to the foregoing Power  
(Witness's Name)

of Attorney, have acknowledged the same before me in my city or county aforesaid. Given under my hand

and official seal this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ \_\_.

Notary Public: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

**Affix Official Seal**