

Individual License/Certificate Renewal Application Packet

2023 Renewal Information for DPR License and Certificate Holders

Dates for Renewal

| | |
|------------------|--|
| October 1, 2023 | DPR encourages submitting completed renewal applications to DPR by this date to best ensure you receive your new license/certificate before January 1, 2024. |
| November 1, 2023 | Processing time is 60 days for applications with payments processed by this date. Applications received after Nov 1 may experience a longer processing time and you may not receive your license/certificate by January 1. |
| January 1, 2024 | Your license/certificate must be renewed by this date to continue working legally and without interruption. |

Address Changes

Always notify DPR in writing immediately of any address or name changes. When emailing DPR it is best to include your full name (First MI Last) or business name, as well as your DPR License or Certificate Number.

Mailing of Renewal Packets

DPR is mailing renewal packets in August to provide sufficient time for license and certificate holders to submit their applications by October 1. Renewal applications must be postmarked on or before December 31, or a late fee applies.

If you did not receive your renewal application or misplaced it, download a renewal packet from DPR's website.



Qualified Person for Business

Business applications are held until the Qualified Person's license or certificate has processed. It is best to submit the Business and Qualified Person's individual application by October to allow time to register with the county before the New Year.

Individual License and Certificate Renewal

The following forms will be included in the renewal packet:

- Renewal Application
- License/Certificate Renewal Information
- CE Records Renewal Summary
- Visa/MasterCard Transaction

Renewal applications need to be signed and must include the required CE records summary and correct fee.

Check your renewal status on DPR's Valid License Web page:



Continuing Education

You must retain copies of your CE records for three years. DPR may request copies of your CE records to audit at any time. DPR does not track CE hours for individuals.

Submit the CE Records Renewal Summary, or a summary record of CE attendance from a third-party professional association.

Your CE records must include:

- License/Certificate holder's name
- License/Certificate number and type
- Course location
- Course title
- Course date
- DPR course I.D. code
- Course hours attended for each CE category
- Name of instructor or sponsoring organization
- Your signature

General Information about CE Courses

DPR-approved CE hours must be obtained during the valid period of the license or certificate. The valid period is listed on the license or certificate (from the 'date of issue' until the 'valid through' date). No grace period is given to obtain CE hours. No CE hours can be carried over to the next renewal period.

If renewing multiple licenses or certificates, you only need sufficient CE hours to meet the license/certificate with the most CE hours required.

Questions about your CE hours?

For questions about your CE hours, you must contact the course sponsor or your professional association. See DPR's website for current or previous years' courses and sponsors' contact info.



DPR Electronic Mailing List

Sign up for important information and updates from DPR about Licensing and CE.

| License or Certificate Type | DPR Staff Name and Contact Information |
|--|---|
| General Questions | LicenseMail@cdpr.ca.gov |
| Pest Control Advisers (PCA) | Amber Rousseau Amber.Rousseau@cdpr.ca.gov |
| Qualified Applicator License/Certificate (QAL/QAC) | Robin Caserta Robin.Caserta@cdpr.ca.gov |
| Pest Control Businesses | Alpha: A-D, J-L, R-Z Regina Maglia Regina.Maglia@cdpr.ca.gov |
| | Alpha: E-I, M-Q Heather Allen Heather.Allen@cdpr.ca.gov |
| Pilots Manned and Unmanned (APC/JPC/Vector) | Kenneth King Kenneth.King@cdpr.ca.gov |
| Dealer Designated Agents (DDA) | Regina Maglia Regina.Maglia@cdpr.ca.gov |

**Individual License/Certificate
Renewal Application**

Return application and continuing education (CE) hours by mail.

The mailing address indicated on this application is your address of record for your license/certificate, therefore, it is public information.
To use a post office box in lieu of the physical address or to submit any other address change, indicate in box below.

License/Certificate Holder Information

Name: _____
 Address: _____
 City, State, ZIP: _____
 Cell or Home Phone Number: _____
 E-Mail Address: _____
 Information is Correct Information has Changed (see below)

Employer/Business Information

Employer/Business Name: _____

 Business Phone Number: _____

 Information is Correct Information has Changed (see below)

Information Corrections

License/Certificate Holder Information: _____
Employer/Business Information: _____

For Complete Instructions, See Page 3.
CE hours must be completed by the expiration date on your license/certificate.

Continuing Education.

- Excess "Laws" hours can be used towards "Other." Only pest control aircraft pilots may use excess "Aerial" hours towards "Other."

| Current License/Certificate Number(s), Type, and Category(ies) | Renewal License/Certificate? (Circle Y or N) | Required CE hours to renew all licenses and certificates | | | | Total CE Hours | Renewal Fees | Late Fees |
|--|--|--|--------|-------|----------------|---|-------------------------------|-------------------------------------|
| | | Laws | Aerial | Other | | | Postmarked on or before 12/31 | Postmarked after 12/31 (see page 3) |
| | Y / N | | | | | \$ | | |
| | Y / N | | | | | \$ | | |
| | Y / N | | | | | \$ | | |
| | Y / N | | | | | \$ | | |
| | | Laws | Aerial | Other | Total CE Hours | Total Due (Include late fees if applicable) | | |
| Enter the number of CE hours you have completed. | | | | | | | | |

Continuing Education Record Renewal Summary. Submit a Continuing Education Record Renewal Summary located on page 2 of this application.

Fees. All fees are non-transferable and non-refundable.

Medical Certificate Card. Manned Apprentice and Journeyman Pilots must submit a copy.

Vector Control Technician certification (Category B). Unmanned Vector Control Technician Pilots must submit a copy.

I declare under penalty of perjury, under laws of the State of California, that the submitted information is true and correct.

Signature _____

Date Signed _____

Individual License/Certificate Renewal Application Instructions

Failure to complete or provide the requested information may delay the processing of your application.

DPR will only disclose personally identifiable information, such as home phone number and personal email address, to third parties as required by state or federal law or regulation and consistent with the Information Practices Act (Civ. Code, sections 1798-1798.78).

Changes in Information: License/certificate holders shall notify DPR immediately of any changes in information including, but not limited to: name changes, address changes, phone number changes, and employer/business information changes. Name changes shall include a copy of government-issued identification as proof of identity and name change. This proof of identity shall include the individual's previous name and their new name. Indicate any corrections to the information included on the front of the renewal form in the space provided.

License(s)/Certificate(s) to be renewed: Verify or list all license(s) and/or certificate(s) to be renewed.

Submit a Continuing Education Records Renewal Summary form located on page 2 of this application. [Electronic fillable copies of this form](#) are also available on DPR's website. Please note the following when submitting CE hours:

- CE hours must be DPR-approved courses and obtained during the valid period of your license/certificate.
- Excess CE hours cannot be carried over to your next renewal period.
- You must meet the minimum required CE hours for "Laws," and "Aerial," if required; extra hours in "Laws" may be applied towards "Other." Only pest control aircraft pilots may use excess "Aerial" hours towards "Other."
- If renewing multiple licenses or certificates, you only need to complete CE hours for the license or certificate with the most CE hours required, including specific category hours required (e.g. "Aerial").

Medical Certificate Card (Manned Apprentice and Journeyman Pilots Only): Submit a copy of your valid medical certificate card issued by the Federal Aviation Administration. DPR requires this information to determine compliance with Food and Agricultural Code Section 11901(a).

Department of Public Health Vector Control Technician certification (Category B-mosquito): Unmanned Vector Control Technician pilots are required to submit a copy of their certification.

Fees: All fees are non-transferable and non-refundable. Fees must be paid for each renewed license and/or certificate. A late penalty fee of fifty percent (50%) of the renewal fee will be assessed for each license and/or certificate **postmarked after December 31**.

License Renewal (2 Year) and Late Penalty Fees

| License Type | Fee | Late Fee | License Type | Fee | Late Fee |
|---|----------|----------|---|---------|----------|
| Agricultural Pest Control Adviser | \$140.00 | \$70.00 | Qualified Applicator Certificate | \$60.00 | \$30.00 |
| Qualified Applicator License | \$120.00 | \$60.00 | Dealer/Designated Agent License | \$50.00 | \$25.00 |
| Pest Control Aircraft Pilot Certificate, Manned | \$90.00 | \$45.00 | Pest Control Aircraft Pilot Certificate, Unmanned | \$90.00 | \$45.00 |

Declaration/Signature: Sign here to indicate that all of the information submitted is true and correct.

Payment. Enclose a check or money order payable to "Cashier, Department of Pesticide Regulation" or credit card payment.

Mail.

- Send payment;
- Completed renewal application form including the Continuing Education Records Renewal Summary form;
- Pilot's Federal Aviation Administration medical certificate or Vector Control certification (if applicable); and
- Mail to:

Department of Pesticide Regulation
 Attn: Cashier MS-4A
 PO Box 4015
 Sacramento, CA 95812-4015

Questions? Your name and license/certificate number will be posted to [the valid license list on DPR's Web](#) site as soon as your application is approved and logged into the database. For other questions about your application, please contact the Licensing and Certification Program at (916) 445-4038 or by E-Mail at LicenseMail@cdpr.ca.gov.

License/Certificate Renewal Information

Providing this information is optional
(please complete the appropriate information below for license/certificate)

A. LICENSE/CERTIFICATE HOLDER INFORMATION

Name:

First

Last

E-mail Address:

Home/Cell Phone:

B. EMPLOYER/BUSINESS INFORMATION

Employer/Business Name:

Business Phone:

Address

City

State

Zip Code

C. TYPE OF EMPLOYER/BUSINESS (Please check the appropriate boxes)

- Currently inactive in pest control work.
- Work for governmental agency.
- City County State Federal
- Work for special government district.
- Irrigation District School District Mosquito Abatement Other: _____
- Work for a company that does its own pest control and does not offer its pest control services for hire to other persons.
- Work for or own a Pest Control Business (check applicable ones):
- Maintenance Gardener Pest Control Business Pest Pest Control Business (for hire) - Aerial
- Control Business (for hire) - Ground Manufacturing/Distributing Chemical Company
- Farm Labor Company Pesticide Dealer Business
- Other: _____
- Independent Agricultural Pest Control Adviser

D. CLASSIFICATION OF PESTICIDES

Please indicate the classification of pesticide(s) you may recommend, sell or supervise the use of, by checking the appropriate box(es) below.

- Federal Restricted Use Pesticides General Use Pesticides
- California Restricted Materials Not involved with application or supervising the use of pesticides

E. COUNTY REGISTRATION INFORMATION

Please indicate the county(ies) you will be working in by checking the appropriate box(es) below:

- | | | | | | | |
|--|---------------------------------------|--|---|--|---|---------------------------------------|
| <input type="checkbox"/> 1. Alameda | <input type="checkbox"/> 10. Fresno | <input type="checkbox"/> 19. Los Angeles | <input type="checkbox"/> 28. Napa | <input type="checkbox"/> 37. San Diego | <input type="checkbox"/> 46. Sierra | <input type="checkbox"/> 55. Tuolumne |
| <input type="checkbox"/> 2. Alpine | <input type="checkbox"/> 11. Glenn | <input type="checkbox"/> 20. Madera | <input type="checkbox"/> 29. Nevada | <input type="checkbox"/> 38. San Francisco | <input type="checkbox"/> 47. Siskiyou | <input type="checkbox"/> 56. Ventura |
| <input type="checkbox"/> 3. Amador | <input type="checkbox"/> 12. Humboldt | <input type="checkbox"/> 21. Marin | <input type="checkbox"/> 30. Orange | <input type="checkbox"/> 39. San Joaquin | <input type="checkbox"/> 48. Solano | <input type="checkbox"/> 57. Yolo |
| <input type="checkbox"/> 4. Butte | <input type="checkbox"/> 13. Imperial | <input type="checkbox"/> 22. Mariposa | <input type="checkbox"/> 31. Placer | <input type="checkbox"/> 40. San Luis Obispo | <input type="checkbox"/> 49. Sonoma | <input type="checkbox"/> 58. Yuba |
| <input type="checkbox"/> 5. Calaveras | <input type="checkbox"/> 14. Inyo | <input type="checkbox"/> 23. Mendocino | <input type="checkbox"/> 32. Plumas | <input type="checkbox"/> 41. San Mateo | <input type="checkbox"/> 50. Stanislaus | |
| <input type="checkbox"/> 6. Colusa | <input type="checkbox"/> 15. Kern | <input type="checkbox"/> 24. Merced | <input type="checkbox"/> 33. Riverside | <input type="checkbox"/> 42. Santa Barbara | <input type="checkbox"/> 51. Sutter | |
| <input type="checkbox"/> 7. Contra Costa | <input type="checkbox"/> 16. Kings | <input type="checkbox"/> 25. Modoc | <input type="checkbox"/> 34. Sacramento | <input type="checkbox"/> 43. Santa Clara | <input type="checkbox"/> 52. Tehama | |
| <input type="checkbox"/> 8. Del Norte | <input type="checkbox"/> 17. Lake | <input type="checkbox"/> 26. Mono | <input type="checkbox"/> 35. San Benito | <input type="checkbox"/> 44. Santa Cruz | <input type="checkbox"/> 53. Trinity | |
| <input type="checkbox"/> 9. El Dorado | <input type="checkbox"/> 18. Lassen | <input type="checkbox"/> 27. Monterey | <input type="checkbox"/> 36. San Bernardino | <input type="checkbox"/> 45. Shasta | <input type="checkbox"/> 54. Tulare | |

Licensing Visa / Mastercard Transaction Form



Complete this payment form and mail with completed application form(s) to:

ATTN: Cashier
 Department of Pesticide Regulation
 PO Box 4015
 Sacramento, CA 95812-4015

All sections must be completed. Do not e-mail or fax this form. Electronically received forms will not be accepted.

Failure to complete all sections of this form will result in your application and payment being delayed or rejected.

Cardholder Information.

| | |
|----------------------------------|------------------------------|
| Name (as it appears on the card) | Telephone Number () |
|----------------------------------|------------------------------|

Card Information. (Visa and Mastercard only. No other cards are accepted)

| | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Card Type (check one): <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard | | | | | | | | | | | | | | | |
| Card Number (16 digits): | | | | | | | | | | | | | | | |
| Expiration Date: | | | | | | | | | | | | | | | |
| Total Amount of Payment: \$ | | | | | | | | | | | | | | | |

Signature of Cardholder

Billing Address (Street or PO Box Number)

| | | |
|------|-------|----------|
| City | State | ZIP Code |
|------|-------|----------|

If the cardholder is not the licensee, or if the cardholder is paying for multiple licensees, indicate who the payment is for below. Please attach an additional sheet if needed.

| | |
|---------------------------------|---------------------------------|
| 1) Licensee Name | 4) Licensee Name |
| License Number (if applicable): | License Number (if applicable): |
| 2) Licensee Name | 5) Licensee Name |
| License Number (if applicable): | License Number (if applicable): |
| 3) Licensee Name | 6) Licensee Name |
| License Number (if applicable): | License Number (if applicable): |

| | | | |
|--|---------------|--------------|------------|
| (Department Use Only) – Entered on POS by: | Date Entered: | Date Mailed: | Mailed By: |
| Notes: | | | |