

# Pest Control Dealer License Renewal Application Packet

## 2023 Renewal Information for Business License 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.

### Mailing of Renewal Packets

DPR is mailing renewal packets in September to provide sufficient time for business license 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:



### Business License Renewal Application

The following forms will be included in the renewal packet:

- Renewal Application
- Business License Renewal Information
- Visa/MasterCard Transaction

Renewal applications must be filled out completely, signed by the qualified applicator or business owner, and submitted with the correct fee.

### Financial Responsibility

Submit a copy of each policy with your business renewal application

- Proof of valid Chemical Liability Insurance
- Proof of valid Workers' Compensation Insurance if you have employees

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



### Qualified Applicators

A qualified applicator cannot supervise the operations of more than one main or branch location.

**Note:** Your qualified applicator's renewal must be processed before the business license can be renewed. DPR recommends sending the business renewal and the qualified applicator renewal in together and sending them in early to best ensure they are processed timely, late fees are avoided, and your business remains licensed.

### 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, business name, as well as your DPR Business License Number.

### Name Changes

Always notify DPR immediately of any changes regarding the name of your business.

Note: A name change may affect your renewal cycle and additional fees may apply.

### Ownership or Entity Type Changes

Licenses are not transferable. You must notify DPR immediately of any changes in ownership or entity type. Typically, you will need to re-apply as a new applicant and pay the appropriate fees.

### Questions about your application?

For questions regarding your application please email DPR at: [LicenseMail@cdpr.ca.gov](mailto:LicenseMail@cdpr.ca.gov)



### 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	<a href="mailto:LicenseMail@cdpr.ca.gov">LicenseMail@cdpr.ca.gov</a>
Pest Control Businesses	Alpha: A-D, S-Z Regina Maglia <a href="mailto:Regina.Maglia@cdpr.ca.gov">Regina.Maglia@cdpr.ca.gov</a>
	Alpha: E-R Heather Allen <a href="mailto:Heather.Allen@cdpr.ca.gov">Heather.Allen@cdpr.ca.gov</a>

When emailing DPR, it is best to include your full name, your business name, and your DPR Business License Number, as well as any payment processing information that you have.

STATE OF CALIFORNIA  
**PEST CONTROL DEALER LICENSE  
 RENEWAL APPLICATION**

DPR-PML-191 (REV. 04/18)  
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DEPARTMENT OF PESTICIDE REGULATION  
 PEST MANAGEMENT AND LICENSING BRANCH  
 LICENSING AND CERTIFICATION PROGRAM  
 P.O. BOX 4015  
 SACRAMENTO, CALIFORNIA 95812-4015  
 (916) 445-4038  
 E-Mail: LicenseMail@cdpr.ca.gov  
 Web site: http://www.cdpr.ca.gov

**Business License Number:** \_\_\_\_\_  
**Business Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City, State, Zip:** \_\_\_\_\_

Name Change	Mailing Address Change
_____	_____
_____	_____
Enter Changes Above	

**IMPORTANT - PLEASE READ**  
 COMPLETE ALL FIELDS BELOW - SEE PAGE 2 FOR COMPLETE INSTRUCTIONS

**Qualified Person.**  
 Each business location must have a qualified person who possesses a valid Agricultural Pest Control Adviser License (PCA), Pest Control Dealer Designated Agent License (DDA), Pest Control Pilot Certificate, or Qualified Applicator License (QAL) to engage in pest control from each location. If you need additional space, attach a separate sheet of paper.

Main/Branch License Number	Main/Branch Location Address	Qualified Person's Name and License Number <small>(The Qualified Person's license must be renewed before the Dealer License is renewed)</small>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Fees.** Enclose a check, money order, or credit card information for the total amount due. Make payable to "DPR Cashier." **ALL FEES ARE NON-TRANSFERABLE AND NON-REFUNDABLE.** Mail the payment, completed application form, and required documents to: Cashier, Department of Pesticide Regulation, P.O. Box 4015 MS-4A, Sacramento, CA 95812-4015.

Amount Enclosed: \$ \_\_\_\_\_

**E-mail Contact** (optional) please provide your e-mail address below:

\_\_\_\_\_

E-MAIL ADDRESS

**I declare under penalty of perjury, under laws of the State of California, that the above information provided by me is true and correct.**

SIGNATURE	PRINT NAME	TITLE	DATE SIGNED
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*Instructions on Page 2*

**PEST CONTROL DEALER LICENSE RENEWAL APPLICATION INSTRUCTIONS**

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

**INSTRUCTIONS:** To help ensure that your renewal application is completed before mailing, review the following:

**Change of Name/Address.** 3CCR Section 6508 requires all license/ certificate holders to notify DPR immediately, in writing, of any change in information required on the application. Indicate any corrections that appear on the renewal form in the space provided.

***Licenses are not transferable.*** A new application is required if you had a change of business organization (Corporation, Partnership, Individual, Non-Profit, Limited Liability, and Limited Liability Partnership), or ownership.

**Qualified Person.** Each pest control business location (Main or Branch) must have a qualified person who possesses a valid Agricultural Pest Control Adviser License (PCA), Pest Control Dealer Designated Agent License (DDA), Pest Control Pilot Certificate, or Qualified Applicator License (QAL) to engage in pest control from each location. Provide the name(s) and license/certificate number(s) of the qualified person who is responsible for each location in the space provided on the renewal form. If additional space is needed, attach a separate sheet of paper. ***If the qualified person's license is expiring, they must renew before the dealer license can be renewed.***

**Fees.** All fees are non-transferable and non-refundable. Fees must be paid for each pest control license location (Main and Branch) as totaled on the renewal form. A late penalty fee of fifty percent (50%) of the renewal fee will be assessed for each license **postmarked after December 31**. Enclose a check, money order, or credit card information payable to "DPR Cashier."

**License Renewal (2 Year) and Late Penalty Fees**

	Renewal	Late Fee		Renewal	Late Fee
Pest Control Dealer License (Main)	\$320.00	\$160.00	Pest Control Dealer License (Branch)	\$160.00	\$80.00

**Declaration/Signature.** Sign, title, and date the renewal application form.

**Mail.** Send payment, completed renewal application form, and all required documents to:

Cashier, Department of Pesticide Regulation  
P.O. Box 4015, MS-4A  
Sacramento, California 95812-4015

Your license number will be posted to DPR's web site <[http://www.cdpr.ca.gov/docs/ license/currlic.htm](http://www.cdpr.ca.gov/docs/license/currlic.htm)> as soon as your license is renewed.

STATE OF CALIFORNIA  
**PEST CONTROL DEALER BUSINESS  
LICENSE RENEWAL INFORMATION**  
PR-PML-134 (REV 4/18)

DEPARTMENT OF PESTICIDE REGULATION  
PEST MANAGEMENT AND LICENSING BRANCH  
LICENSING AND CERTIFICATION PROGRAM  
P.O. BOX 4015, MS-4A  
SACRAMENTO, CA 95812-4015  
(916) 445-4038  
E-mail: Licenseemail@cdpr.ca.gov  
Web site: <http://www.cdpr.ca.gov>

<b>A. Officer/Owner Information</b>	Fax #	E-mail Address	Business Phone Number
Officer/Owner Name 1.		Title	
2.			
3.			
4.			

**B. Pest Control Sales Information**

Please indicate what type of product your pest control dealer business sells.

Check the appropriate box(es):

Sell Agricultural Use Pesticides.

Sell California Restricted Materials or Federal Restricted Use Pesticides.

Sell Antifouling Paints or Coatings Containing Tributyltin.

Sell Non-Agricultural Use Pesticides.

Sell Methods or Devices (such as Biological Control Agents, Lures or Insect Trapping Devices) for the Control of Agricultural Pests.

# Worker's Compensation Insurance Verification

PR-LIC-120 (Rev. 08/22)

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**A. Declaration.** Please print or type.

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I, \_\_\_\_\_, the undersigned, verify under penalty of perjury, under laws of the State of  
Name

California, that the information provided below, is true and correct. The business mentioned herein is covered by worker's

compensation insurance: \_\_\_\_\_  
Name of Business

License number: \_\_\_\_\_ Telephone number: \_\_\_\_\_

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**B. Worker's Compensation Insurance Information.** Please print or type.

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Worker's Compensation Insurance Carrier Name	Policy Number	Expiration Date

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**C. Sign and Return.** Sign and date. Return with your renewal application or send to [DPRInsurance@cdpr.ca.gov](mailto:DPRInsurance@cdpr.ca.gov).

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Signature	Title	Date

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## 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 (      )
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**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
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**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:			