STATE OF CALIFORNIA

PEST CONTROL BUSINESS LICENSE APPLICATION

PR-PML-042 (REV. ~~9/04~~08/10)

DEPARTMENT OF PESTICIDE REGULATION
PEST MANAGEMENT AND LICENSING BRANCH
LICENSING AND CERTIFICATION PROGRAM
1001 I STREET, P.O. BOX 4015
SACRAMENTO, CALIFORNIA 95812-4015~~4-2828~~
(916) 445-4038
FAX - (916) 445-4033
Web site: http://www.cdpr.ca.gov/

PLEASE READ INSTRUCTIONS ON PAGES 3 AND 4.

A. Application Type. Check the appropriate box(es).

☐ NEW APPLICATION ☐ NAME / ADDRESS CHANGE ☐ OTHER (Specify) _____

☐ ADD BRANCH LOCATION ☐ DUPLICATE / REPLACEMENT LICENSE BUSINESS LICENSE # _____

B. Business Information (Main Location). Please print or type.

BUSINESS NAME

EMAIL ADDRESS	FAX NUMBER ( )	TELEPHONE NUMBER ( )

BUSINESS MAILING ADDRESS *(Number and Street or P.O. Box Number)*	*(City)*	*(County)*	*(State)*	*(ZIP Code)*
BUSINESS LOCATION ADDRESS *(Number and Street)*	*(City)*	*(County)*	*(State)*	*(ZIP Code)*

BUSINESS TYPE (Check only one box.) See instructions for documentation requirements.

☐ CORPORATION ☐ INDIVIDUAL ☐ LIMITED LIABILITY COMPANY ☐ OTHER _____

☐ PARTNERSHIP ☐ NON-PROFIT ASSOCIATION ☐ LIMITED LIABILITY PARTNERSHIP

C. Former Business Name. Enter former business name below.

FORMER BUSINESS NAME

D. Business Officers or Owners. Attach additional sheet if necessary.

1) NAME		TITLE	
MAILING ADDRESS *(Number and Street or P.O. Box Number)*	*(City)*	*(State)*	*(ZIP Code)*
2) NAME		TITLE	
MAILING ADDRESS *(Number and Street or P.O. Box Number)*	*(City)*	*(State)*	*(ZIP Code)*

E. Branch Locations. Attach additional sheet if necessary.

1) LOCATION ADDRESS *(Number and Street or P.O. Box Number)*	*(City)*	*(County)*	*(State)*	*(ZIP Code)*
2) LOCATION ADDRESS *(Number and Street or P.O. Box Number)*	*(City)*	*(County)*	*(State)*	*(ZIP Code)*
3) LOCATION ADDRESS *(Number and Street or P.O. Box Number)*	*(City)*	*(County)*	*(State)*	*(ZIP Code)*

F. Qualified Person. Each business location must have a qualified person who possesses a valid Qualified Applicator License with the appropriate pest control category(ies). The qualified person is responsible for supervising all pest control operations performed by each main and branch location. Attach additional sheet if necessary.

1) QUALIFIED PERSON'S NAME	QUALIFIED APPLICATOR LICENSE NUMBER	PEST CONTROL CATEGORY(IES)	EXPIRATION DATE
BUSINESS LOCATION ADDRESS *(Number and Street)*	*(City)*	*(State)*	*(ZIP Code)*
2) QUALIFIED PERSON'S NAME	QUALIFIED APPLICATOR LICENSE NUMBER	PEST CONTROL CATEGORY(IES)	EXPIRATION DATE
BUSINESS LOCATION ADDRESS *(Number and Street)*	*(City)*	*(State)*	*(ZIP Code)*
3) QUALIFIED PERSON'S NAME	QUALIFIED APPLICATOR LICENSE NUMBER	PEST CONTROL CATEGORY(IES)	EXPIRATION DATE
BUSINESS LOCATION ADDRESS *(Number and Street)*	*(City)*	*(State)*	*(ZIP Code)*

Application Continued on Reverse Side

G. Pest Control Business Type.

1) Indicate the type of pest control your business will be performing or performs by checking the appropriate box(es) below.

- ☐ Aerial Application
- ☐ Ground Application
- ☐ Aerial/Ground Application
- ☐ Landscape Maintenance
- ☐ Indoor Plant Maintenance
- ☐ Biological Control
- ☐ Disease Control
- ☐ Microbial Control
- ☐ Nematode Control
- ☐ Insect, Mites & Other Invertebrates
- ☐ Defoliation
- ☐ Fumigation ☐ Soil ☐ Product
- ☐ Stored Ag. Prod./Post ~~h~~Harvest Treatment
- ☐ Other _____
- ☐ Plant Growth Regulators
- ☐ Seed Treatment
- ☐ Vertebrate Control (incl. Birds)
- ☐ Weed Control
- ☐ Wood Preservation

2) Indicate the type of pest control categories your business will be engaged in by checking the appropriate box(es) below.

- ☐ Residential, Industrial & Institutional
- ☐ Plant Agriculture
- ☐ Regulatory
- ☐ Demonstration & Research
- ☐ Landscape Maintenance
- ☐ Forest
- ☐ Seed Treatment
- ☐ Health Related
- ☐ Right-of-Way
- ☐ Aquatic
- ☐ Animal Agriculture
- ☐ Wood Treatment
- ☐ Sewer Line Root Control
- ☐ Field Fumigation
- ☐ Microbial

H. Liability Insurance. Each applicant must show proof of financial responsibility that meets the requirements of Section 6524 of Title 3, of the California Code of Regulations. Proof of financial responsibility is demonstrated by having your insurance carrier complete one of the two attached insurance certificates or some other method approved by the Department.

I. Worker's Compensation Insurance. Each applicant who is an employer, as defined in Section 3300 of the Labor Code, is required to carry worker's compensation insurance. If your business has no employees, write "Not Applicable" below.

WORKER'S COMPENSATION INSURANCE CARRIER NAME	POLICY NUMBER	EXPIRATION DATE

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

	1-Year		2-Year		#Branches		Total Fees
Main Location	☐ $160	or	☐ $320		--	=	$_____
Branch Location	☐ $80	or	☐ $160	x	_____	=	$_____
Name/Address Change, Duplicate/Replacement Fee	☐ $20			x	_____	=	$_____
Total Fee(s) Due/Enclosed							$_____

☐ **Fee Exempt** (A completed copy of the "No Fee Pest Control Business Application Supplement" must be submitted with your application)

Enclose a check, money order or credit card payment for the total amount due payable to: Cashier, Department of Pesticide Regulation. Mail your completed application, required documentation, and fees to: Cashier, Department of Pesticide Regulation, P.O. Box 4015, Sacramento, California 95812-4015.

K. Read Before Signing. During the last three years, have you had any administrative, civil, or criminal action taken against you for violation of any State or federal laws or regulations relating to the application or use of pesticides that resulted in disciplinary actions or in which any disciplinary action is pending?

☐ YES (State explanation below.) ☐ NO

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

APPLICANT SIGNATURE	DATE SIGNED

FOR OFFICIAL USE ONLY	BUSINESS LICENSE NUMBER	PROBLEM	COMPUTER ENTRY DATE	~~RC RECEIVED AND DATE~~

PEST CONTROL BUSINESS LICENSE APPLICATION INSTRUCTIONS

A. **Application Type**. Check the appropriate box(es).

- ❑ **New Application**: If you are applying for the Pest Control Business License for the first time.
- ❑ **Add Branch Location**: Adding a pest control business branch location to your license.
- ❑ **Duplicate/Replacement License**: Requesting a duplicate or replacement license.
- ❑ **Name/Address Change**: Requesting name/address changes. Submit a copy of the legal document substantiating the name change. Address changes may be made directly on the application form. A new license will not be printed for an address change only unless specifically requested and a $20 fee submitted with the application.
- ❑ **Other**: Any other change, please specify the change.

B. **Business Information (Main Location).** Complete the information requested in this section. If you are changing your business name, enter your former business name in Section "C". If there is a change in business name or address you must immediately notify the Director in writing. If your business is a:

- ❑ **Corporation**, submit a current copy of the "Certificate of Good Standing" which may be obtained from the Secretary of State, Certificate Department, 1500 11th Street, Sacramento, California 95814.
- ❑ **Limited Liability Company or Limited Liability Partnership,** submit a current copy of the "Certificate of Good Standing" which may be obtained from the Secretary of State, Certificate Department, 1500 11th Street, Sacramento, California 95814.
- ❑ **Partnership**, submit a "Fictitious Business Name Statement" which may be obtained from the county clerk's office.
- ❑ **Individual**, if the business name is different than your surname (last name), submit a "Fictitious Business Name Statement" which may be obtained from the county clerk's office.
- ❑ **Non-Profit Association**, if the business is a corporation, submit a current copy of the "Certificate of Good Standing" which may be obtained from the Secretary of State, Certificate Department, 1500 11th Street, Sacramento, California 95814. If the business name is different than your surname (last name), submit a "Fictitious Business Name Statement" which may be obtained from the county clerk's office.

C. **Former Business Name.** If your business name has changed, enter the former name in this section of the application.

D. **Business Officers or Owners.** List the name, title, and mailing address of the business officers and/or owners. If necessary, use an additional sheet of paper. If there is a change in the business ownership or organization, notify the Director immediately in writing. A new application and fee must be submitted for this change.

E. **Branch Locations.** Complete this section to add a branch location to your business. Enter the business location address for each branch location added. If the branch name is different from the main business name, indicate the branch name and submit a "Fictitious Business Name Statement" which may be obtained from the county clerk's office.

F. **Qualified Person.** Each principal and branch office must have a qualified person who possesses a valid Qualified Applicator License with the appropriate pest control category(ies) to engage in the business of pest control from that location. The qualified person is responsible for supervising all pest control operations performed by each main and branch location. Use an additional sheet of paper if necessary. If there is a change in the qualified person for the business, notify the Director immediately. There is no fee required for this change.

G. **Pest Control Business Type.** (1) Indicate the type of pest control your business will be performing or performs. (2) Indicate the type of pest control categories your business requires to be in business. Check all that apply.

H. **Liability Insurance.** Each applicant for a Pest Control Business License must demonstrate financial responsibility that meets the requirements of Section 6524 of Title 3, California Code of Regulations. (Note: Coverage must include chemical liability.) Financial responsibility is demonstrated by <u>one</u> of the following methods:

1. Filing with the Director an approved certificate of insurance certifying liability insurance coverage that meets the Department's minimum requirements. This can be achieved by having your insurance carrier complete either the attached Certificate of Insurance (PR-PML-052) or the attached Certificate of Insurance Requirements Statement (PR-PML-173). If you use the Certificate of Insurance Requirements Statement form, have your insurance carrier submit their Certificate of Insurance along with an endorsement for pollution coverage if necessary.

2. A Certificate of Deposit that meets the Department's minimum requirements of Section 6524 of Title 3, California Code of Regulations.

3. Deposit with and on a form provided by the Director a surety bond issued by a bonding company doing business in California. Use the Pest Control Business Licensees Bond form (PR-PML-053).

4. An "Accord" provided by your insurance company that meets the Department's minimum requirements of Section 6524 of Title 3, California Code of Regulations.

See the Financial Responsibility Options chart for specific coverage requirements. If you have questions, call this office.

I. **Worker's Compensation Insurance.** Each applicant who is an employer as defined in Section 3300 of the Labor Code is required to carry worker's compensation insurance. If applicable, enter the name of the worker's compensation insurance carrier, the policy number, and the policy expiration date.

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

	One-Year*	Two-Year*
Main Location:	$160	$320
Branch Location:	$ 80	$160
Name/Address Change Fee:	$20 (See Note)	
Duplicate/Replacement Fee:	$20 (See Note)	

NOTE: A fee for an address change is only required when the licensee requests a new license be issued (printed and mailed). A maximum fee of $20 is due for all name/address changes and requests for a duplicate/replacement licenses submitted on a single application.

** The following information and table will assist you in determining the appropriate application fee.*

New Application Fee Schedule Example:

Year Submitting Application	*License Name*	*License Expiration Year*	*Main License Application Fee*	*Branch License Application Fee*
~~2004~~2010	*A-L*	*~~2004~~2010*	*$160*	*$80*
	M-Z	*~~2005~~2011*	*$320*	*$160*
~~2005~~2011	*A-L*	*~~2006~~2012*	*$320*	*$160*
	M-Z	*~~2005~~2011*	*$160*	*$80*
~~2006~~2012	*A-L*	*~~2006~~2012*	*$160*	*$80*
	M-Z	*~~2007~~2013*	*$320*	*$160*

*If your business name begins with **A - L**, the expiration date of the business license is on **even-numbered** years.*
*If your business name begins with **M - Z**, the expiration date of the business license is on **odd-numbered** years.*

K. **Read Before Signing**. Check appropriate box.

L. **Declaration/Signature Block**. Sign and date your application. Enclose a check, money order or credit card payable to "Cashier, DPR" and mail to: Cashier, Department of Pesticide Regulation, P.O. Box 4015, Sacramento, California 95812-4015.

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