

PESTICIDE BROKER LICENSE PACKET

Contains the following documents:

- Licensing Requirements
- Application and Instructions
- Visa/MasterCard Transaction Form

Do you need this license?

Unless you are a pesticide registrant or pest control dealer, you must possess a pesticide broker license if you are a person or business (inside or outside of California) who first sells or distributes pesticides into or within California. However, this license does not authorize the sale of agricultural use or restricted use pesticides to end users.

Basic licensing requirements

You can obtain a pesticide broker license by submitting an application. A branch location includes a broker's distribution center(s), not individual retail outlets. There are no fees required to obtain or renew this license.

Other requirements

Once you obtain your license, you must do all of the following:

- Maintain records of your purchases, first sales, and distributions of pesticides into or within the state for four years at your principle place of business
- Report to the Director the total dollars of sales (including zero sales) and the total pounds of pesticides sold into or within California on a quarterly basis (FAC section 12406[a][b])
- Pay the mill assessment fee if you are the first seller*

*California assesses a "mill assessment" fee on all pesticide sales. The first seller is responsible for payment of the mill assessment. This is usually the pesticide registrant. Registrants are responsible for reporting the amount of pesticides they distribute or sell for use in California, and for paying the mill assessment. If the first sale is made not by the registrant but by another party (a pesticide broker or pest control dealer), then they must report and pay the mill assessment. (FAC section 12406[b])

Timelines for processing applications

DPR has established time periods for processing permit applications, in compliance with Government Code sections 15374-15378. **DPR may take up to a hundred days to complete the processing of your application.** Failure to comply with these time periods may be appealed to the Agency Secretary, California Environmental Protection Agency, P.O. Box 2815, 1001 I Street, Sacramento, California 95814, pursuant to regulations set forth in 3 CCR section 301. Under certain circumstances, the Agency Secretary may order that the applicant receive a reimbursement of filing fees.

License duration

A new license may be issued for up to two years, depending on when you apply and your license cycle. Each renewed license is valid for two years unless you renew late.

Continued on next page.

License cycles for renewal The following table illustrates the license cycles for renewal.

If your business name begins with...	Then your license will...
A through L	Expire on December 31 of even-numbered years (e.g. 2008, 2010, 2012, etc.)
M through Z (including business starting with "The")	Expire on December 31 of odd-numbered years (e.g., 2007, 2009, 2011, etc.)

Miscellaneous fees

Type	Amount	Details
Name change	\$20	<ul style="list-style-type: none"> You must immediately notify the Licensing and Certification Office in writing (3CCR section 6508). You must submit legal documents certifying the name change. A new license will be automatically issued for all name changes. The <i>Address and/or Name Change Form</i> is available on our Web site www.cdpr.ca.gov/docs/license/lcforms.htm.
Address change	\$20	<ul style="list-style-type: none"> You must immediately notify the Licensing and Certification Office in writing (3 CCR section 6508). This fee is only required if you request a new license. The <i>Address and/or Name Change Form</i> is available on our Web site at www.cdpr.ca.gov/docs/license/lcforms.htm.
Duplicate	\$20	This fee applies to requests for a duplicate or replacement license.

Our physical address

Department of Pesticide Regulation
 Pest Management and Licensing Branch
 Licensing and Certification Program
 1001 I Street
 Sacramento, CA 95814-2828

Continued on next page.

STATE OF CALIFORNIA
PESTICIDE BROKER
LICENSING REQUIREMENTS
(REV. 2/17)

DEPARTMENT OF PESTICIDE REGULATION
PEST MANAGEMENT AND LICENSING BRANCH
LICENSING AND CERTIFICATION PROGRAM
1001 I STREET
SACRAMENTO, CALIFORNIA 95814-2828
916-445-4038
FAX: 916-445-4033
Web site: <http://www.cdpr.ca.gov>

**Our mailing
address**

Department of Pesticide Regulation
Pest Management and Licensing Branch
Licensing and Certification Program
P. O. Box 4015
Sacramento, CA 95812-4015

**For more
information**

You can contact us between the hours of 8 a.m. to 5 p.m. at 916-445-4038, or e-mail us at <LicenseMail@cdpr.ca.gov>.

PLEASE READ INSTRUCTIONS ON PAGES 3 and 4.

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

<input type="checkbox"/> NEW APPLICATION	<input type="checkbox"/> NAME / ADDRESS CHANGE	<input type="checkbox"/> OTHER (Specify) _____
<input type="checkbox"/> ADD BRANCH LOCATION	<input type="checkbox"/> 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.

<input type="checkbox"/> CORPORATION	<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LIMITED LIABILITY COMPANY	<input type="checkbox"/> OTHER _____
<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> NON-PROFIT ASSOCIATION	<input type="checkbox"/> 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) _____
3) 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) _____
4) LOCATION ADDRESS (Number and Street or P.O. Box Number) _____	(City) _____	(County) _____	(State) _____	(ZIP Code) _____
5) LOCATION ADDRESS (Number and Street or P.O. Box Number) _____	(City) _____	(County) _____	(State) _____	(ZIP Code) _____

Application Continued on Reverse Side

PESTICIDE BROKER LICENSE APPLICATION

F. Pesticide Broker Business Type.

Indicate the type of pesticides your business will be selling by checking the appropriate box(es) below.

- | | |
|---|---|
| <input type="checkbox"/> Agricultural Use Pesticides | <input type="checkbox"/> Tributyltin |
| <input type="checkbox"/> Non-agricultural Use Pesticides | <input type="checkbox"/> Livestock/Poultry Pesticides |
| <input type="checkbox"/> Restricted Use Pesticides (Either California or Federal) | <input type="checkbox"/> Biological Control Agents |
| <input type="checkbox"/> Other _____ | |

G. Fees & Mailing. All fees are non-transferable and non-refundable. Fee does not apply to new applicants.

Name/Address Change, Duplicate/Replacement Fee \$20 x _____ = \$ _____

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 and required documentation (and fees if applicable) to: Pest Management and Licensing Branch, Department of Pesticide Regulation, P.O. Box 4015, Sacramento, California 95812-4015.

H. 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 sale of pesticides that resulted in disciplinary actions or in which any disciplinary action is pending?

- | | |
|---|-----------------------------|
| <input type="checkbox"/> YES (State explanation below or attach separate page.) | <input type="checkbox"/> NO |
|---|-----------------------------|

I. 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
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PESTICIDE BROKER LICENSE APPLICATION INSTRUCTIONS

A. Application Type

- **New Application:** If you are applying for the Pesticide Broker License for the first time.
- **Add Branch Location:** Adding a pesticide broker 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 with a \$20 fee.
- **Other:** Any other change, please specify the change.

NOTE:

*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.*

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. Pesticide Broker Business Type. Indicate the type of pesticides the business will be selling. Check all that apply.

PESTICIDE BROKER LICENSE APPLICATION INSTRUCTIONS

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

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.

H. Read Before Signing. Check appropriate box.

I. Declaration/Signature Block. Sign and date your application. Mail your completed application (and enclose a check, money order or credit card payable to "Cashier, DPR" if applicable) to: Pest Management and Licensing Branch, Department of Pesticide Regulation, P.O. Box 4015, Sacramento, California 95812-4015.

VISA/MASTERCARD TRANSACTION



Mail completed application with this payment form to:

For Licensees:

ATTN: Cashier
Department of Pesticide Regulation
P.O. Box 4015
Sacramento, CA 95812

For Continuing Education Sponsors:

Cashier
ATTN: CE
Department of Pesticide Regulation
P.O. Box 1379
Sacramento, CA 95812

ALL SECTIONS MUST BE COMPLETED. DO NOT E-MAIL OR FAX this form.

FAILURE TO COMPLETE ALL SECTIONS WILL RESULT IN YOUR APPLICATION BEING DELAYED OR REJECTED.

NAME OF CARDHOLDER (NAME APPEARING ON THE CARD)

VISA or MASTERCARD ONLY. No other cards are accepted.

CHECK ONE:

VISA

MASTERCARD

CARD NUMBER
(16 DIGITS)

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Expiration Date

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Total Amount of Payment

SIGNATURE OF CARDHOLDER (NAME APPEARING ON THE CARD)

PAYMENT FOR:

MAILING ADDRESS (Street or P.O. Box Number)

City, State, and ZIP Code

TELEPHONE NUMBER (including area code)

(DEPARTMENT USE ONLY) - ENTERED ON POS BY:

TODAY'S DATE

DATE MAILED

BY: