

# **PEST CONTROL DEALER BUSINESS LICENSE PACKET**

Contains the following documents:

- Licensing Requirements and Fact Sheet
- Application and Instructions
- Visa/Mastercard Transaction Form

**State of California**  
**PEST CONTROL DEALER**  
**LICENSING REQUIREMENTS**  
Rev. 8/17

DEPARTMENT OF PESTICIDE REGULATION  
PEST MANAGEMENT AND LICENSING BRANCH  
1001 I Street  
P.O. Box 4015  
Sacramento, California 95812-4015  
Phone: (916) 445-4038 Fax: (916) 445-4033  
Web site at <<http://www.cdpr.ca.gov>>

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**Do you need  
this license?**

You must possess a pest control dealer license if you are a person, manufacturer, distributor, or retailer who does any of the following:

- Sells agricultural use\* pesticides, methods, or devices for the control of agricultural pests
- Solicits pest control sales through recommendations made by your field representatives
- Sells restricted use pesticides to users

*Note:* Registrants who sell their own pesticide products and licensed pesticide brokers are excluded from this license requirement if they do not sell directly to the end user.

\*California's definition of agricultural use includes but is not limited to commercial production of animals or plants, golf courses, parks, cemeteries, roadsides, power line rights-of-way, and nurseries.

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**Basic licensing  
requirements**

You can obtain a pest control dealer license by submitting the application, appropriate fee, and supporting business information and documents. The following criteria must be met **prior** to the issuance of this license:

- Qualified person
- Documents required to verify your business name and type
- Worker's compensation insurance

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**Qualified  
person**

According to the Food and Agricultural Code (FAC) section 12101.5, you must have at least one person in a supervisory position at each principle and branch location who

- Is actively responsible for the operation of the dealership, and
- Holds a valid pest control dealer designated agent license, agricultural pest control adviser license, pest control aircraft pilot certificate, or a qualified applicator license

Please state the name of the qualified person, their license or certificate number, and their license or certificate category on the application form.

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**Verifying your business name and type**

According to FAC section 11702(a), you must have the following documents to verify your business name and type. If you are the sole proprietor (i.e., owner) and use your surname as part of your business name, then no documents are required.

	<b>Details</b>
<i>Fictitious Business Name Statement</i>	<ul style="list-style-type: none"> <li>• Obtainable from the County Clerk’s Office or County Recorder’s Office</li> <li>• Applies to any business operating under a fictitious name</li> </ul>
<i>Certificate of Good Standing</i>	<ul style="list-style-type: none"> <li>• Obtainable from the California Secretary of State’s Office</li> <li>• Applies to any domestic or foreign corporation operating in California</li> <li>• Must be registered with the California Secretary of State’s Office</li> <li>• See the Secretary of State’s Web site at &lt;<a href="http://www.ss.ca.gov/business/business.htm">www.ss.ca.gov/business/business.htm</a>&gt; for registration information</li> </ul>

**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. The Department of Pesticide Regulation’s (DPR) policy on the worker’s compensation insurance requirement is listed in the table below.

**Note:** If you are interested in self-insurance to fulfill this requirement, please go to the California Department of Industrial Relations’ Web site at <<http://www.dir.ca.gov/SIP/sip.html>>.

	<b>Then you must ...</b>
Valid worker’s compensation insurance policy	<ul style="list-style-type: none"> <li>• State the carrier’s name, policy number, and expiration date on the application</li> <li>• Write “not applicable” if your business has no employees</li> <li>• Sign your application</li> </ul>
Expired worker’s compensation insurance policy	<p>Choose <b>one</b> of the following:</p> <ul style="list-style-type: none"> <li>• Submit a certificate of insurance from your insurer stating that the policy is valid, along with the expiration date</li> <li>• Complete the <i>Worker’s Compensation Insurance Verification</i> form (PR-PML-120), which can be found on DPR’s Web site at &lt;<a href="http://www.cdpr.ca.gov/docs/license/lcforms.htm">http://www.cdpr.ca.gov/docs/license/lcforms.htm</a>&gt;</li> </ul>

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**Other requirements**

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

- Maintain records of all purchases, sales, and distributions of pesticides at main and branch offices for four years. You must report the total dollars of sales and total pounds or gallons of agricultural use pesticides sold into or within California to DPR’s director on a quarterly basis.
- Pay the quarterly mill assessment to the director if the registrant or pesticide broker has not paid it (FAC section 12406[b]).
- Report purchases from other licensed dealers or registrants to the director on an annual basis.
- Retain agricultural pest control adviser’s written recommendations for two years.
- Retain restricted material permits and operator identification statements records for two years.
- Retain Qualified Applicator License, Qualified Applicator Certificate, and Private Applicator Certificate numbers and pest control category(ies) received from purchasers when the operator identification number certificate was not required.
- Obtain a copy of the ship vessel registration for tributyltin purchases.

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**Application fee**

The application fees are \$160 (main) and \$80 (branch) **per calendar year** (Title 3 of California Code of Regulations [3 CCR], Code section 6502), which are based on the following 2-year cycles:

	<b>Then your license will ...</b>
<b>A through L</b>	Expire on December 31 of even-numbered years (e.g., 2018, 2020, 2022, etc.)
<b>M through Z</b> (including businesses starting with “The”)	Expire on December 31 of odd-numbered years (e.g., 2017, 2019, 2021, etc.)

For example, if you applied for a license under the name “Pest Control Dealer Corporation” in January 2017, then your license would expire on December 31, 2017 and the fee would be \$160. If you applied for a license under the name “Best Pest Control Dealers” in January 2017, then your license would expire on December 31, 2018 and the fee would be \$320.

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**Renewal fee**

The renewal fee is \$320 (main) and \$160 (branch) for the 2-year cycle (3 CCR section 6502). We do not prorate your renewal fee if you renew your license late.

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**Late renewal fee**

A late fee of 50 percent of the total renewal fee will be assessed for each license postmarked after December 31 of the expiration year.

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**Miscellaneous fees**

The following chart lists the miscellaneous fees for this license. We charge a maximum fee of \$20 for **all** changes/requests that are submitted on a single application form.

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

**Timelines for processing applications**

**DPR may take up to a hundred days to complete the processing of your application.**

**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.

**Most common mistakes and how to avoid them**

The most common application errors made are

- Incorrect fees
- No insurance documents, or the insurance documents submitted do not meet our requirements
- No business type information provided
- No qualified person listed

You can avoid these errors by reading the application instructions carefully and by mailing your renewal application **before** your license expires.

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**Our physical  
address**

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

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**Our mailing  
address**

Department of Pesticide Regulation  
Pest Management and Licensing Branch  
Licensing and Certification Program  
1001 I Street  
P.O. Box 4015  
Sacramento, CA 95812-4015

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**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>.

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**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="text"/>
<input type="checkbox"/> ADD BRANCH LOCATION	<input type="checkbox"/> DUPLICATE / REPLACEMENT LICENSE	BUSINESS LICENSE # <input type="text"/>

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

BUSINESS NAME

EMAIL ADDRESS <input type="text"/>	FAX NUMBER <input type="text"/>	TELEPHONE NUMBER <input type="text"/>
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BUSINESS MAILING ADDRESS (Number and Street or P.O. Box Number) <input type="text"/>	(City) <input type="text"/>	(County) <input type="text"/>	(State) <input type="text"/>	(ZIP Code) <input type="text"/>
BUSINESS LOCATION ADDRESS (Number and Street) <input type="text"/>	(City) <input type="text"/>	(County) <input type="text"/>	(State) <input type="text"/>	(ZIP Code) <input type="text"/>

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="text"/>
<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 <input type="text"/>	TITLE <input type="text"/>
MAILING ADDRESS (Number and Street or P.O. Box Number) <input type="text"/>	(City) <input type="text"/>
<input type="text"/>	(State) <input type="text"/>
<input type="text"/>	(ZIP Code) <input type="text"/>
2) NAME <input type="text"/>	TITLE <input type="text"/>
MAILING ADDRESS (Number and Street or P.O. Box Number) <input type="text"/>	(City) <input type="text"/>
<input type="text"/>	(State) <input type="text"/>
<input type="text"/>	(ZIP Code) <input type="text"/>

**E. Branch Locations.** Attach additional sheet if necessary.

1) LOCATION ADDRESS (Number and Street or P.O. Box Number) <input type="text"/>	(City) <input type="text"/>	(County) <input type="text"/>	(State) <input type="text"/>	(ZIP Code) <input type="text"/>
2) LOCATION ADDRESS (Number and Street or P.O. Box Number) <input type="text"/>	(City) <input type="text"/>	(County) <input type="text"/>	(State) <input type="text"/>	(ZIP Code) <input type="text"/>
3) LOCATION ADDRESS (Number and Street or P.O. Box Number) <input type="text"/>	(City) <input type="text"/>	(County) <input type="text"/>	(State) <input type="text"/>	(ZIP Code) <input type="text"/>

**F. Qualified Person.** Each business location must have a qualified person, who possesses a valid license or certification in the following: Pest Control Dealer Designated Agent License, Agricultural Pest Control Adviser License, Qualified Applicator License, or Pest Control Aircraft Certificate. The qualified person is responsible for the operations of the pest control dealer business. Attach additional sheet if necessary.

1) QUALIFIED PERSON'S NAME <input type="text"/>	TYPE OF LICENSE/PILOT CERTIFICATE <input type="text"/>	LICENSE/PILOT CERT. NUMBER <input type="text"/>	EXPIRATION DATE <input type="text"/>
BUSINESS LOCATION ADDRESS (Number and Street) <input type="text"/>	(City) <input type="text"/>	(State) <input type="text"/>	(ZIP Code) <input type="text"/>
2) QUALIFIED PERSON'S NAME <input type="text"/>	TYPE OF LICENSE/PILOT CERTIFICATE <input type="text"/>	LICENSE/PILOT CERT. NUMBER <input type="text"/>	EXPIRATION DATE <input type="text"/>
BUSINESS LOCATION ADDRESS (Number and Street) <input type="text"/>	(City) <input type="text"/>	(State) <input type="text"/>	(ZIP Code) <input type="text"/>
3) QUALIFIED PERSON'S NAME <input type="text"/>	TYPE OF LICENSE/PILOT CERTIFICATE <input type="text"/>	LICENSE/PILOT CERT. NUMBER <input type="text"/>	EXPIRATION DATE <input type="text"/>
BUSINESS LOCATION ADDRESS (Number and Street) <input type="text"/>	(City) <input type="text"/>	(State) <input type="text"/>	(ZIP Code) <input type="text"/>

**PEST CONTROL DEALER LICENSE APPLICATION**

**G. Pest Control Dealer Type.**

Indicate the type(s) of pest control methods/devices or pesticides your business will be selling by checking the appropriate box(es) below.

<input type="checkbox"/> Agricultural Use Pesticides Only	<input type="checkbox"/> Tributyltin	<input type="checkbox"/> Other <input style="width: 100px; height: 15px;" type="text"/>
<input type="checkbox"/> Restricted Use Pesticides Only (Either California or Federal)	<input type="checkbox"/> Livestock/Poultry Pesticides	
<input type="checkbox"/> Both Agricultural Use and Restricted Use Pesticides	<input type="checkbox"/> Biological Control Agents	

**H. 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
<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>

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

	1-Year	or	2-Year		#Branches	=	Total Fees	
Main Location	<input type="checkbox"/> \$160		<input type="checkbox"/> \$320		--	=	\$ <input style="width: 50px;" type="text"/>	
Branch Location	<input type="checkbox"/> \$80		<input type="checkbox"/> \$160	x	<input style="width: 50px;" type="text"/>	=	\$ <input style="width: 50px;" type="text"/>	
Name/Address Change, Duplicate/Replacement Fee	<input type="checkbox"/> \$20			x	<input style="width: 50px;" type="text"/>	=	\$ <input style="width: 50px;" type="text"/>	
<b>Total Fee(s) Due/Enclosed</b>							=	\$ <input style="width: 100px;" type="text"/>

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.

**J. 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 or attach separate page.)  NO

**K. 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		
<b>FOR OFFICIAL USE ONLY</b>	BUSINESS LICENSE NUMBER	PROBLEM	COMPUTER ENTRY DATE



**PEST CONTROL DEALER LICENSE APPLICATION INSTRUCTIONS****A. Application Type.**

- **New Application:** If you are applying for the Pest Control Dealer License for the first time.
- **Add Branch Location:** Adding a pest control dealer 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.

**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 11<sup>th</sup> 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 11<sup>th</sup> 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 11<sup>th</sup> 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 Pest Control Dealer Designated Agent License, Agricultural Pest Control Adviser License, Qualified Applicator License, or Pest Control Aircraft Certificate. The qualified person is responsible for the operations of the pest control business. 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 Dealer Type.** Indicate the type of pesticides the business will be selling. Check all that apply.**H. 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.

**PEST CONTROL DEALER LICENSE APPLICATION INSTRUCTIONS**

DPR-PML-041 (REV. 08/11)

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

	<u>One-Year*</u>	<u>Two-Year*</u>
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:*

<i>Year Submitting Application</i>	<i>License Name</i>	<i>License Expiration Year</i>	<i>Main License Application Fee</i>	<i>Branch License Application Fee</i>
2010	A-L	2010	\$160	\$80
	M-Z	2011	\$320	\$160
2011	A-L	2012	\$320	\$160
	M-Z	2011	\$160	\$80
2012	A-L	2012	\$160	\$80
	M-Z	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.

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

K. **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.**

## 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

--	--	--	--	--

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 (include area code)

(DEPARTMENT USE ONLY) - ENTERED ON POS BY:

TODAY'S DATE

DATE MAILED

BY: