

ADDRESS AND/OR NAME CHANGE/REPLACEMENT CARD FORM For Individuals Only

Notify DPR of an address or name change immediately in accordance with Title 3, CCR Section 6508. DPR relies on its address files for notifying licensees and certificate holders of upcoming license renewal and important communications. You can notify DPR of any change by filling out this form, signing it, and sending it to us at: DPR Pest Management and Licensing Branch, Licensing and Certification Program, P.O. Box 4015, Sacramento, CA 95812-4015. Please check the appropriate request.

License or Certificate Type. Check one or more of the appropriate box(es).

Individual License or Certificate:

- | | |
|---|--|
| <input type="checkbox"/> Qualified Applicator License (QAL) | <input type="checkbox"/> Qualified Applicator Certificate (QAC) |
| <input type="checkbox"/> Dealer Designated Agent (DDA) | <input type="checkbox"/> Agricultural Pest Control Adviser (PCA) |
| <input type="checkbox"/> Apprentice Pilot Certificate (APC) | <input type="checkbox"/> Journeyman Pilot Certificate (JPC) |

License number(s): _____

ADDRESS CHANGE:

A \$20 fee is only required when the license/certificate holder requests a new card be issued (printed and mailed) with the address change.

Name: _____
(Name)

Previous Address: _____
(Number & Street) (City) (State & Zip Code) (County)

New Address: _____
(Number & Street) (City) (State & Zip Code) (County)

Phone Numbers: _____
(Work) (Home) (Fax) (E-mail Address)

NAME CHANGE:

A name change requires a \$20 fee and legal documentation such as marriage certificate or name change documents.

NOTE: Please contact DPR for further instructions.

Previous Name: _____

New Name: _____

REPLACEMENT CARD ONLY:

A replacement or duplicate license/certificate request requires a \$20 fee.

Print Name: _____ Title: _____

Signature: _____ Date: _____