STATE OF CALIFORNIA

PEST CONTROL BROKER LICENSE RENEWAL APPLICATION

PR-PML-190 (REV. 1/06)

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/

☐ Name Change ☐ Address Change

Business License Number: _____ _____

Business Name: _____ _____

Address: _____ _____

City, State, Zip: _____

IMPORTANT - PLEASE READ
COMPLETE ALL INFORMATION FOR EACH LOCATION AND THE RENEWAL INFORMATION REQUIREMENTS

***License Information*.**

Main/Branch License Number	City	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	TITLE	DATE SIGNED

FOR OFFICIAL USE ONLY

IMPRINT PROBLEM RENEWED DATA ENTRY RC

Instructions on reverse

PESTICIDE BROKER LICENSE RENEWAL APPLICATION INSTRUCTIONS

RENEWAL TIMELINE

Renewal timelines have been established to help determine when you may expect to receive your license or certificate based on the date the Licensing and Certification Unit received your renewal application. Renewal timelines are posted on the Department of Pesticide Regulation's (DPR's) web site.

CHECK LIST: This list will help ensure that your renewal application is completed in full prior to mailing.

- ❑ ***Change of Name/Address***. 3CCR Section 6508 requires all license/ certificate holders to notify DPR immediately of any change in business name, address, qualified person, business organization, or any other information required on the application. Indicate any corrections that appear on the renewal form in the space provided.

  Licenses are not transferable. In the case of change of business organization or ownership, a new application is required. If you had a change in ownership or partners or have incorporated, contact us.

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

- ❑ ***Mail***. Send the completed renewal application form and all required documents in the enclosed envelope addressed to: Pest Management and Licensing Branch, Department of Pesticide Regulation, P.O. Box 4015, Sacramento, California 95812-4015.

Questions? Your business name and license number will be posted to DPR's web site as soon as your application is approved and logged into the database. Our web site address is http://www.cdpr.ca.gov/docs/license/currlic.htm. For other questions about your application, please contact the Licensing and Certification Program at (916) 445-4038.

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

STATE OF CALIFORNIA

PEST CONTROL BROKER BUSINESS LICENSE RENEWAL INFORMATION REQUIREMENTS

PR-PML-134b (EST.7/01)

DEPARTMENT OF PESTICIDE REGULATION
PEST MANAGEMENT AND LICENSING BRANCH
1001 I STREET
SACRAMENTO, CA 95814-2828
P.O. BOX 4015
SACRAMENTO, CA 95812-4015
(916) 445-4038
FAX (916) 445-4033
Web site: http://www.cdpr.ca.gov

A. Officer/Owner Information	Fax #	E-mail address	Business Phone Number

Officer/Owner Name	Title
1.	
2.	
3.	
4.	

C. Pest Control Sales Information

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

Check the appropriatebox(es).

- ☐ Sell Agricultural Use Pesticides.
- ☐ Sell California or Federal Restricted Use Pesticides.
- ☐ Sell California or Federal Restricted Use Pesticides and Agricultural Use Pesticides.
- ☐ 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.