

DPR License or Certificate RENEWAL PROCEDURES

This year, you are required to submit proof of attendance of the continuing education (CE) courses that you are reporting . Fill out the CE Record Renewal Summary Form enclosed in your renewal packet , and attach your CE certificates of completion or other proof of attendance. It is a requirement of CCR Chapter 3, Section 6513 that license and certificate holders must maintain CE records for 3 years, and that these shall be submitted to DPR.

**Renewing your license or certificate normally can take 30 days to process and complete after it is received by DPR. DPR WEB SITE to check if your renewal has been updated:
<http://www.cdpr.ca.gov/docs/license>**

**In order to assure you receive your updated license or certificate submit your renewal packet no later than
November 19, 2011**

- ◆ **Sign, date and submit renewal application**
- ◆ **Include proof of CE proof of completion**
- ◆ **Include correct fee (see renewal notice)**
- ◆ **Use the enclosed DPR Cashier self-addressed envelope**

If you do not follow these steps, you may not receive your renewed license or certificate until February or March 2012.

QUESTIONS? Please call (916) 445-4038 or e-mail LicenseMail@cdpr.ca.gov

STATE OF CALIFORNIA
**INDIVIDUAL LICENSE/CERTIFICATE
 RENEWAL APPLICATION**

PR-PML-141 (REV. 7/09)
 Page 1 of 2

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/>

The mailing address you indicate on this application is your address of record for your license/certificate. Therefore, it is public information. You may wish to use a post office box in lieu of the physical address as an address of record.

Name Change Address Change

Name: _____

Address: _____

City, State, Zip: _____

IMPORTANT- PLEASE READ
 COMPLETE ALL INFORMATION
 CONTINUING EDUCATION HOURS MUST BE OBTAINED BY 12/31 OF THE LICENSE/CERTIFICATE EXPIRATION YEAR

Continuing Education. Enter the total CE hours submitted in the space provided below.

| License/Certificate Number, Type and Category(ies) | Check to Renew | Continuing Education Hours | | | | Renewal Fees | Add Late Fees If | Total Fees Paid |
|--|----------------|----------------------------|--------|-------|----------------|--------------------------------|-------------------------|----------------------------|
| | | Laws | Aerial | Other | Total CE Hours | Post-marked on or before 12/31 | Post-marked after 12/31 | Indicate total amount paid |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Enter Total CE and fees submitted | | | | | | | | |

Medical Certificate Card. Apprentice and Journeyman Pilots only. See Page 2 for requirements.

Fees. See Page 2 (instructions) to determine fees based on your license or certificate type and payment methods. **ALL FEES ARE NON-TRANSFERABLE AND NON-REFUNDABLE.**

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

 SIGNATURE

 DATE SIGNED

FOR OFFICIAL USE ONLY

IMPRINT PROBLEM RENEWED DATA ENTRY RC

Instructions on reverse

INDIVIDUAL LICENSE/CERTIFICATE RENEWAL APPLICATION INSTRUCTIONS**RENEWAL TIME LINE**

Renewal time lines have been established to help determine when you may expect to receive your license or certificate based on the date your renewal application is received by the Licensing and Certification Program. Renewal time lines 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 business name or address change. Submit required documentation for a name change. Indicate any corrections that appear on the renewal form in the space provided.
- License(s)/Certificate(s) to be renewed.** Check or list all license(s) and/or certificate(s) to be renewed.
- Submit a record of the total continuing education (CE) hours.** The CE hours must be DPR approved and obtained during the valid period of your license/certificate. The specific CE hour requirements are only minimums. They may be exceeded, however, they cannot be carried over to your next renewal period. You must meet the minimum CE requirements for "Laws" and "Aerial" if required; extra hours in "Laws" and/or "Aerial" may count as "other". If renewing multiple licenses/certificates, you must obtain sufficient CE hours to meet the license/certificate with the highest CE requirements; you do not have to obtain the "total" of CE hours for each license/certificate. Complete and submit the Continuing Education Record Renewal Summary or a similar form.
- Medical Certificate Card (Apprentice and Journeyman Pilots Only).** Submit a copy of your valid medical certificate card issued by the Federal Aviation Administration. DPR requires this information to determine compliance with Food and Agricultural Code Section 11901.
- Fees. All fees are non-transferable and non-refundable.** Fees must be paid for each license/certificate as totaled on the renewal form. A late penalty fee of fifty percent (50%) of the total renewal fee will be assessed for each license and/or certificate **postmarked after December 31.**

License Renewal (2 Year) and Late Penalty Fees

| License Type | Fee | Late Fee | License Type | Fee | Late Fee |
|-----------------------------------|------------|-----------------|----------------------------------|------------|-----------------|
| Agricultural Pest Control Adviser | \$140.00 | \$70.00 | Qualified Applicator Certificate | \$60.00 | \$30.00 |
| Qualified Applicator License | \$120.00 | \$60.00 | Dealer/Designated Agent License | \$50.00 | \$25.00 |
| Apprentice Pilot Certificate | \$90.00 | \$45.00 | Journeyman Pilot Certificate | \$90.00 | \$45.00 |

- Declaration/Signature.** Sign and date the renewal application.
- Payment.** Enclose a check, money order or credit card payment payable to "Cashier, Department of Pesticide Regulation".
- Mail.** Send payment, completed renewal application form, and all required documentation including the list of CE hours (classes) in the enclosed envelope to: Cashier, Department of Pesticide Regulation, P.O. Box 4015, Sacramento, California 95812-4015.

Questions? Your name and license/certificate 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.

License/Certificate Renewal Information Request

Providing this information is optional

(Please complete the appropriate information below for your licenses/certificates)

A. LICENSE/CERTIFICATE HOLDER INFORMATION

Name: _____
First Last

Home E-mail Address: _____ Home Telephone Number : _____

B. EMPLOYER/BUSINESS INFORMATION

Employer/Business Name: _____ Business Telephone Number : _____

Address: _____
City State Zip Code

C. TYPE OF EMPLOYER/BUSINESS (Please check the appropriate boxes)

- Currently inactive in pest control work.
- Work for governmental agency.
 - City County State Federal
- Work for Special Government District.
 - Irrigation District School District Mosquito Abatement Other: _____
- Work for a company that does its own pest control and does not offer its pest control services for hire to other persons.
- Work for or own a pest control Business (check applicable ones).
 - Maintenance Gardener Pest Control Business Pest Control business (for hire) - Aerial
 - Pest Control Business (for hire) - ground Manufacturing/distributing chemical company
 - Farm management company Pesticide Dealer business
 - Other: _____
- Independent agricultural pest control adviser

D. CLASSIFICATION OF PESTICIDES

Please indicate the classification of pesticide(s) you may recommend, use, sell or supervise the use of, by checking the appropriate box(es) below.

- Restricted Use Pesticides General Use Pesticides
- Both Restricted Use and General Use Pesticides Not involved with application or supervising the use of pesticides

E. COUNTY REGISTRATION INFORMATION

(Please indicate the county(ies) you will be working in by checking the appropriate box(es) below:

- | | | | | |
|--|--|---|--|---|
| <input type="checkbox"/> 1. Alameda | <input type="checkbox"/> 13. Imperial | <input type="checkbox"/> 25. Modoc | <input type="checkbox"/> 37. San Diego | <input type="checkbox"/> 49. Sonoma |
| <input type="checkbox"/> 2. Alpine | <input type="checkbox"/> 14. Inyo | <input type="checkbox"/> 26. Mono | <input type="checkbox"/> 38. San Francisco | <input type="checkbox"/> 50. Stanislaus |
| <input type="checkbox"/> 3. Amador | <input type="checkbox"/> 15. Kern | <input type="checkbox"/> 27. Monterey | <input type="checkbox"/> 39. San Joaquin | <input type="checkbox"/> 51. Sutter |
| <input type="checkbox"/> 4. Butte | <input type="checkbox"/> 16. Kings | <input type="checkbox"/> 28. Napa | <input type="checkbox"/> 40. San Luis Obispo | <input type="checkbox"/> 52. Tehama |
| <input type="checkbox"/> 5. Calaveras | <input type="checkbox"/> 17. Lake | <input type="checkbox"/> 29. Nevada | <input type="checkbox"/> 41. San Mateo | <input type="checkbox"/> 53. Trinity |
| <input type="checkbox"/> 6. Colusa | <input type="checkbox"/> 18. Lassen | <input type="checkbox"/> 30. Orange | <input type="checkbox"/> 42. Santa Barbara | <input type="checkbox"/> 54. Tulare |
| <input type="checkbox"/> 7. Contra Costa | <input type="checkbox"/> 19. Los Angeles | <input type="checkbox"/> 31. Placer | <input type="checkbox"/> 43. Santa Clara | <input type="checkbox"/> 55. Tuolumne |
| <input type="checkbox"/> 8. Del Norte | <input type="checkbox"/> 20. Madera | <input type="checkbox"/> 32. Plumas | <input type="checkbox"/> 44. Santa Cruz | <input type="checkbox"/> 56. Ventura |
| <input type="checkbox"/> 9. El Dorado | <input type="checkbox"/> 21. Marin | <input type="checkbox"/> 33. Riverside | <input type="checkbox"/> 45. Shasta | <input type="checkbox"/> 57. Yolo |
| <input type="checkbox"/> 10. Fresno | <input type="checkbox"/> 22. Mariposa | <input type="checkbox"/> 34. Sacramento | <input type="checkbox"/> 46. Sierra | <input type="checkbox"/> 58. Yuba |
| <input type="checkbox"/> 11. Glenn | <input type="checkbox"/> 23. Mendocino | <input type="checkbox"/> 35. San Benito | <input type="checkbox"/> 47. Siskiyou | |
| <input type="checkbox"/> 12. Humboldt | <input type="checkbox"/> 24. Merced | <input type="checkbox"/> 36. San Bernardino | <input type="checkbox"/> 48. Solano | |

INSTRUCTIONS

- For each approved course you have taken, enter following: (a) title; (b) I.D. code number; (c) location, (d) date(s) attended; and (e) hours completed. In the boxes in the lower right hand corner at the bottom of the page, enter the total number of hours you have completed for the current renewal period. If you are using a document other than this form as proof of continuing education, you do not need to return this form; however, **you must provide the same information as is required on this form.** Your continuing education document must be returned with your renewal application. If the information on this form or the document you submit is incomplete, the processing of your renewal application will be delayed.
- If you want to receive credit for a course offered by an accredited college or university, on a separate sheet of paper, include the following information: the accredited institution, the course instructor's name, the total hours you attended, a brief summary of the course topic, and a copy of your grade report or transcript listing the course or a verification of attendance signed by the instructor.
- Please do not submit application and fee unless continuing education hours have been completed. If you fail to complete the required minimum by December 31 of the expiration year because of insufficient continuing education hours, you must re-examine, but are not required to repeat the minimum qualifications (e.g. education or experience).**

| COURSE HOURS | | | | |
|----------------------------|---------------------------------------|---------------------------------------|-----------|------------------------|
| Laws and Regulations (L) | Aerial Application and Techniques (A) | Ground Application and Techniques (G) | Other (O) | Total Course Hours (T) |
| (L) | (A) | (G) | (O) | (T) |
| | | | | |
| (L) | (A) | (G) | (O) | (T) |
| | | | | |
| (L) | (A) | (G) | (O) | (T) |
| | | | | |
| (L) | (A) | (G) | (O) | (T) |
| | | | | |
| (L) | (A) | (G) | (O) | (T) |
| | | | | |
| (L) | (A) | (G) | (O) | (T) |
| | | | | |
| (L) | (A) | (G) | (O) | (T) |
| | | | | |
| (L) | (A) | (G) | (O) | (T) |
| | | | | |
| (L) | (A) | (G) | (O) | (T) |
| | | | | |
| Total Renewal Hours | | | | |

| | | |
|----------------|--------------------------|----------------------------|
| APPLICANT NAME | CERTIFICATE/LICENSE TYPE | CERTIFICATE/LICENSE NUMBER |
|----------------|--------------------------|----------------------------|

CONTINUING EDUCATION COURSE INFORMATION

| | |
|------------------------------------|------------------|
| 1. COURSE/SEMINAR/CONFERENCE TITLE | I.D. CODE NUMBER |
| LOCATION (City and State) | DATE(S) ATTENDED |
| 2. COURSE/SEMINAR/CONFERENCE TITLE | I.D. CODE NUMBER |
| LOCATION (City and State) | DATE(S) ATTENDED |
| 3. COURSE/SEMINAR/CONFERENCE TITLE | I.D. CODE NUMBER |
| LOCATION (City and State) | DATE(S) ATTENDED |
| 4. COURSE/SEMINAR/CONFERENCE TITLE | I.D. CODE NUMBER |
| LOCATION (City and State) | DATE(S) ATTENDED |
| 5. COURSE/SEMINAR/CONFERENCE TITLE | I.D. CODE NUMBER |
| LOCATION (City and State) | DATE(S) ATTENDED |
| 6. COURSE/SEMINAR/CONFERENCE TITLE | I.D. CODE NUMBER |
| LOCATION (City and State) | DATE(S) ATTENDED |
| 7. COURSE/SEMINAR/CONFERENCE TITLE | I.D. CODE NUMBER |
| LOCATION (City and State) | DATE(S) ATTENDED |
| 8. COURSE/SEMINAR/CONFERENCE TITLE | I.D. CODE NUMBER |
| LOCATION (City and State) | DATE(S) ATTENDED |
| 9. COURSE/SEMINAR/CONFERENCE TITLE | I.D. CODE NUMBER |
| LOCATION (City and State) | DATE(S) ATTENDED |

VISA / MASTERCARD TRANSACTION



INSTRUCTIONS:

1. For conducting transactions using VISA or MasterCard only. No other cards are accepted.
2. Complete **ALL** cardholder information.
3. If you have any questions, please call the Licensing and Certification Program at (916) 445-4038.
4. Mail your completed application with this form to the appropriate address below:

Licensees:

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

Continuing Education Sponsors:

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

5. **DO NOT FAX** this form to DPR

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|---|--|--|--|--|--|--|--|--|--|-----------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---------------------------|--|---------------------------------------|--|
| NAME OF CARDHOLDER (NAME APPEARING ON THE BANK CARD) | | | | | | | | | | CHECK ONE <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard | | TODAY'S DATE | | | | | | | | | | | | | | | | | | | | |
| BANK CARD NUMBER (16 DIGITS) | | <table border="1" style="width: 100%; height: 15px; border-collapse: collapse;"> <tr> <td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td> </tr> </table> | | | | | | | | | | | | | | | | | | | | | | | | | | | BANK CARD EXPIRATION DATE | | TOTAL AMOUNT OF PAYMENT \$ _____ . | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | TELEPHONE NUMBER () | | | | | | | | | | | | | | | | | | | | |

SIGNATURE OF CARDHOLDER (NAME APPEARING ON THE BANK CARD)

FOR PAYMENT OF:

NAME OF LICENSEE OR SPONSOR

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

(City, State, and ZIP Code)

| | | | |
|--|--------------|-------------|----|
| (DEPARTMENT USE ONLY) - ENTERED ON POS BY: | TODAY'S DATE | DATE MAILED | BY |
|--|--------------|-------------|----|