

DPR Pest Control Business RENEWAL PROCEDURES FOR 2011

Renewing your business license can take up to 45 days to complete once it is received by DPR.

**Check the DPR WEB SITE to see if your renewal has been updated:
<http://www.cdpr.ca.gov/docs/license>**

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

- ◆ **Sign, date and submit renewal application with the correct fee**
- ◆ **Include proof of your valid liability and workers compensation**
- ◆ **List the qualified person's name, license number and pest control categories. Your business license will not be renewed until your qualified person has renewed.**
- ◆ **Use the enclosed DPR Cashier self-addressed envelope.**

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

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

STATE OF CALIFORNIA
**MAINTENANCE GARDENER
PEST CONTROL BUSINESS RENEWAL APPLICATION**

PR-PML-186 (REV. 9/04)
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/>

Name Change Address Change

Business License Number: _____
Business Name: _____
Address: _____
City, State, Zip: _____

IMPORTANT - PLEASE READ
COMPLETE ALL INFORMATION AND THE RENEWAL INFORMATION REQUIREMENTS

Qualified Person. Each business location must have a qualified person who possesses a valid Qualified Applicator License or Certificate with the appropriate pest control category Q or B to engage in pest control from each location. If you need additional space, attach a separate sheet of paper.

Name	License Number	Categories
_____	_____	_____
_____	_____	_____

Worker's Compensation Insurance. If you have employees, provide the name of the Worker's Compensation Insurance Carrier, policy number, and policy expiration date.

WORKER'S COMP. INSURANCE CARRIER NAME	POLICY NUMBER	EXPIRATION DATE
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Financial Responsibility Requirement (check one):

- I declare under penalty of perjury, that as to chemical bodily injury and chemical property damage resulting from my pest control operations, I am financially able to respond to damages using my own personal assets (3CCR Section 6524)
- I have complied with this requirement by obtaining liability insurance, through the following expiration date, in an amount not less than what is specified in the financial responsibility requirements (3CCR section 6524)

INSURANCE CARRIER NAME	POLICY NUMBER	EXPIRATION DATE
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Submit a copy of documents certifying that you meet the financial responsibility requirements.

Fees. See Page 2 (instructions) to determine fees and payment methods. **ALL FEES ARE NON-TRANSFERABLE AND NON-REFUNDABLE.**

Indicate Amount Enclosed: \$ _____

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
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FOR OFFICIAL USE ONLY

IMPRINT PROBLEM RENEWED DATA ENTRY RC

Instructions on reverse

MAINTENANCE GARDENER PEST CONTROL BUSINESS 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 Unit. 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 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 and fee are required. If you had a change in ownership or partners or have incorporated, contact us.

- Qualified Person.** Each Maintenance Gardener (MG) pest control business location must have a qualified person who possesses a Qualified Applicator Certificate or License with the appropriate pest control category Q or B to engage in pest control from each location. Provide the name(s), license type, license number and category(ies) of the qualified person who is responsible for supervising the pest control operations at the location on the space provided on the renewal form. If additional space is needed, attach a separate sheet of paper.
- Worker 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, complete the information on the renewal form; otherwise indicate non-applicable (NA).
- Financial Responsibility Requirement.** This requirement must be met. If you are able to financially respond to damages using your own personal assets, please check the first box under 3. Otherwise, provide a copy of the documents that meet the requirements of Food and Agriculture Code Section 11702 (c)(2) and 3CCR Section 6524. The MG pest control business license will not be renewed without meeting this requirement.
- Fees. All fees are non-transferable and non-refundable.** Fees must be paid for each MG pest control business license 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 **postmarked after December 31.**

License Renewal (2 Year) and Late Penalty Fees

	Renewal	Late Fee
MG Pest Control Business	\$160.00	\$80.00

- Declaration/Signature.** Sign, title and date the renewal application form.
- Payment.** Enclose a check, money order or credit card payment payable to "Cashier, Department of Pesticide Regulation".
- Mail** the payment, completed renewal application form, and all required documents in the enclosed envelope addressed to: Cashier, 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.

**MAINTENANCE GARDENER PEST CONTROL BUSINESS
LICENSE RENEWAL INFORMATION REQUIREMENT**

PR-PML-137 (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.				

B. Qualified Applicator Licensee & Certificate Holder Information

In order for the Maintenance Gardener Pest Control Business license to be valid, the business must have a Qualified Applicator Licensee or a Qualified Applicator Certificate holder with Category Q (landscape maintenance pest control). The Qualified Applicator Licensee or the Qualified Applicator Certificate holder is responsible for supervising the pest control operations of your business.

Please list the qualified applicator(s) for your business.

Qualified Applicator Name			
1.			
License/Certificate Number	Expiration Date	License/Certificate Type (Check one)	
		<input type="checkbox"/> Qualified Applicator License <input type="checkbox"/> Qualified Applicator Certificate	
Qualified Applicator Name			
2.			
License/Certificate Number	Expiration Date	License/Certificate Type (Check one)	
		<input type="checkbox"/> Qualified Applicator License <input type="checkbox"/> Qualified Applicator Certificate	
Qualified Applicator Name			
3.			
License/Certificate Number	Expiration Date	License/Certificate Type (Check one)	
		<input type="checkbox"/> Qualified Applicator License <input type="checkbox"/> Qualified Applicator Certificate	
Qualified Applicator Name			
4.			
License/Certificate Number	Expiration Date	License/Certificate Type (Check one)	
		<input type="checkbox"/> Qualified Applicator License <input type="checkbox"/> Qualified Applicator Certificate	

C. Pest Control Business Information

1. Please indicate the type of pest control your business performs by checking the appropriate box(es) below.

<input type="checkbox"/> Interior Landscape Maintenance	<input type="checkbox"/> Turf Pest Control	<input type="checkbox"/> Weed Control
<input type="checkbox"/> Exterior Landscape Maintenance	<input type="checkbox"/> Ornamental Pest Control	

2. Please indicate the county(ies) you will be working in by checking the appropriate county(ies) 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	

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)										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
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