

## **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](mailto:LicenseMail@cdpr.ca.gov)**

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

PR-PML-192 (REV. 9/04)  
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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

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

Main/Branch License Number	Business Location Address	Qualified Person's Name, License Number, and Categories (i.e., A, B, C)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**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

**Financial Responsibility Requirement** (check one):

- I have complied with this requirement by obtaining a surety bond or certificate of deposit, in an amount not less than what is specified in the financial responsibility requirements (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

**Submit a copy of documents certifying that you meet the financial responsibility requirements.**

**Fees.** See Page 2 (instructions) to determine fees based on the number of business location(s) 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

FOR OFFICIAL USE ONLY

IMPRINT      PROBLEM      RENEWED      DATA ENTRY      RC

**Instructions on reverse**

**PEST CONTROL BUSINESS RENEWAL APPLICATION INSTRUCTIONS**

PR-PML-192 (REV. 9/04)

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**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 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.*

- Qualified Person.** Each pest control business location (Main or Branch) must have a qualified person who possesses a valid Qualified Applicator License with the appropriate pest control category(ies) 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 each 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. Provide a copy of the documents that meet the requirements of Food and Agriculture Code Section 11702 (c)(2) and 3CCR Section 6524. The 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 pest control business license location (Main and Branch) 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		Renewal	Late Fee
Pest Control Business (Main)	\$320.00	\$160.00	Pest Control Business (Branch)	\$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.** Send 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 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.**

STATE OF CALIFORNIA  
**PEST CONTROL BUSINESS LICENSE**  
**RENEWAL INFORMATION REQUIREMENTS**

PR-PML-140 (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>

<b>A. Officer/Owner Information</b>		Fax #	E-mail address	Business Phone Number
Officer/Owner Name		Title		
1.				
2.				
3.				
4.				

**B. Pest Control Business Information**

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

<input type="checkbox"/> Aerial Application	<input type="checkbox"/> Fumigation	<input type="checkbox"/> Plant Growth Regulators
<input type="checkbox"/> Ground Application	<input type="checkbox"/> Defoliation	<input type="checkbox"/> Seed Treatment
<input type="checkbox"/> Aerial/Ground Applicator	<input type="checkbox"/> Disease Control	<input type="checkbox"/> Vertebrate Pest Control (Includes Birds)
<input type="checkbox"/> Landscape Maintenance	<input type="checkbox"/> Nematode Control	<input type="checkbox"/> Weed Control
<input type="checkbox"/> Indoor Plant Maintenance	<input type="checkbox"/> Insect, Mites & Other Invertebrate Control	<input type="checkbox"/> Wood Preservation
<input type="checkbox"/> Microbial Control	<input type="checkbox"/> Sewer Line Root Control	

2. Please indicate the type of pest control categories your business requires by checking the appropriate box(es) below.

<input type="checkbox"/> Residential, Industrial & Institutional	<input type="checkbox"/> Landscape Maintenance	<input type="checkbox"/> Right-of-Way
<input type="checkbox"/> Plant Agriculture	<input type="checkbox"/> Forest	<input type="checkbox"/> Aquatic
<input type="checkbox"/> Regulatory	<input type="checkbox"/> Seed Treatment	<input type="checkbox"/> Animal Agriculture
<input type="checkbox"/> Demonstration & Research	<input type="checkbox"/> Health Related	<input type="checkbox"/> Wood Treatment
<input type="checkbox"/> Sewer Line Root Control		

3. 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	

## 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: 20px; 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><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
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