

**PEST CONTROL BUSINESS LICENSE APPLICATION**

DPR-PML-LIC-042 (REV. 10/1807/23)

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**FOR COMPLETE INSTRUCTIONS, SEE PAGES 3 AND 4. For complete instructions, see pages 3 and 4.****A. Application Type. Application Type.** Check the appropriate box(es).

<input type="checkbox"/> NEW APPLICATION New Application	<input type="checkbox"/> NAME / ADDRESS CHANGE Address Change	<input type="checkbox"/> Owner / Entity-Type Change	<input type="checkbox"/> Change / Update Qualified Applicator (Complete Section G)
<input type="checkbox"/> ADD BRANCH LOCATION Add Branch Location	<input type="checkbox"/> DUPLICATE / REPLACEMENT LICENSE Duplicate / Replacement License	PEST CONTROL BUSINESS LICENSE # _____	

**B. Business Information (Main Location). Business Information (Main Location).**

BUSINESS NAME Business Name

DBA

E-MAIL ADDRESS Mail Address

FAX NUMBER Pest Control Business License #

PHONE NUMBER Phone Number

BUSINESS MAILING ADDRESS Business Mailing Address (Number and Street or P.O. Box Number) (City) (County) (State) (ZIP Code)

BUSINESS LOCATION ADDRESS Business Location Address (Number and Street) (City) (County) (State) (ZIP Code)

BUSINESS TYPE Business Type (Check only one box.) See instructions for documentation requirements.

<input type="checkbox"/> CORPORATION Corporation	<input type="checkbox"/> INDIVIDUAL Individual	<input type="checkbox"/> LIMITED LIABILITY COMPANY Limited Liability Company
<input type="checkbox"/> PARTNERSHIP Partnership	<input type="checkbox"/> NON-PROFIT ASSOCIATION Non-Profit Association	<input type="checkbox"/> LIMITED LIABILITY PARTNERSHIP Limited Liability Partnership

**C. Former Business Name. Former Business Name.** Enter former business name and license number below.

FORMER BUSINESS NAME Former Business Name

LICENSE NUMBER (optional) License Number

**D. Business Officers or Owners. Business Owner(s).** Attach additional sheet if necessary.

1) NAME Name

TITLE Title

MAILING ADDRESS (Number and Street or P.O. Box Number) Mailing Address (City) (State) (ZIP Code)

**E. Business Officer(s).** Attach additional sheet if necessary.

1) Name

Title

Mailing Address (Number and Street or PO Box) (City) (State) (ZIP Code)

2) NAME Name

TITLE Title

MAILING ADDRESS (Number and Street or P.O. Box Number) Mailing Address (City) (State) (ZIP Code)

**E.F. Qualified Applicator and Branch Location. Qualified Applicator at Each Business Location.** Each business and branch location must have its own qualified applicator who possesses a valid Qualified Applicator License (QAL) with the appropriate pest control category(ies). The qualified applicator is responsible for supervising all pest control operations performed by each main or branch location. Attach an additional sheet if necessary.

1) QUALIFIED APPLICATOR'S NAME Qualified Applicator's Name – Main Business Location QUALIFIED APPLICATOR LICENSE NUMBER QAL Number and Category(ies) PEST CONTROL CATEGOR(IES) EXPIRATION DATE Expiration Date

BUSINESS LOCATION ADDRESS (Number and Street) Business Location Address (Number and Street) (City) (State) (ZIP Code)

2) QUALIFIED APPLICATOR'S NAME Qualified Applicator's Name – Branch Business Location QUALIFIED APPLICATOR LICENSE NUMBER QAL Number and Category(ies) PEST CONTROL CATEGOR(IES) EXPIRATION DATE Expiration Date

BRANCH LOCATION ADDRESS Branch Location Address (Number and Street) (City) (State) (ZIP Code)

**G. Qualified Applicator Changes.** Please complete this section to update DPR's records if the qualified applicator for your business operation(s) has changed. Attach additional sheet if necessary.

31) QUALIFIED APPLICATOR'S NAME Current Qualified Applicator's Name QUALIFIED APPLICATOR LICENSE NUMBER QAL Number and Category(ies) PEST CONTROL CATEGOR(IES) EXPIRATION DATE Stop Date

BRANCH LOCATION ADDRESS (Number and Street) New Qualified Applicator's Name (City) (State) QAL Number and Category(ies) (ZIP Code) Start Date

42) QUALIFIED APPLICATOR'S NAME Current Qualified Applicator's Name QUALIFIED APPLICATOR LICENSE NUMBER QAL Number and Category(ies) PEST CONTROL CATEGOR(IES) EXPIRATION DATE Stop Date

BRANCH LOCATION ADDRESS (Number and Street) New Qualified Applicator's Name (City) (State) QAL Number and Category(ies) (ZIP Code) Start Date

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**F.H. Pest Control Business Type. Pest Control Business Type.**

1) Select the type(s) of pest control your business will engage in. Select all that apply.

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> Aerial Application       | <input type="checkbox"/> Biological Control                   | <input type="checkbox"/> Defoliation  | <input type="checkbox"/> Plant Growth Regulators          |
| <input type="checkbox"/> Ground Application       | <input type="checkbox"/> Disease Control                      | <input type="checkbox"/> Fumigation <input type="checkbox"/> Soil <input type="checkbox"/> Product/Non-Soil | <input type="checkbox"/> Vertebrate Control (incl. Birds) |
| <input type="checkbox"/> Landscape Maintenance    | <input type="checkbox"/> Microbial Control                    | <input type="checkbox"/> Stored Ag. Prod. / Post-Harvest Treatment  | <input type="checkbox"/> Weed Control                     |
| <input type="checkbox"/> Indoor Plant Maintenance | <input type="checkbox"/> Nematode Control                     | <input type="checkbox"/> Seed Treatment   | <input type="checkbox"/> Wood Preservation                |
|   | <input type="checkbox"/> Insect, Mites, & Other Invertebrates |   | <input type="checkbox"/> Other _____                      |

2) Indicate the type(s) of pest control categories your business will be engaged in by checking the appropriate box(es) below. Select all that apply.

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> A. Residential, Industrial, & Institutional | <input type="checkbox"/> E. Forest         | <input type="checkbox"/> I. Animal Agriculture             | <input type="checkbox"/> M. Non-Soil Fumigation     |
| <input type="checkbox"/> B. Landscape Maintenance                    | <input type="checkbox"/> F. Aquatic        | <input type="checkbox"/> J. Demonstration & Research       | <input type="checkbox"/> P. Microbial               |
| <input type="checkbox"/> C. Right-of-Way                             | <input type="checkbox"/> G. Regulatory     | <input type="checkbox"/> K. Health Related                 | <input type="checkbox"/> N. Sewer Line Root Control |
| <input type="checkbox"/> D. Plant Agriculture                        | <input type="checkbox"/> H. Seed Treatment | <input type="checkbox"/> L. Wood Treatment/Soil Fumigation | <input type="checkbox"/> O. Field Fumigation        |

**G.I. Liability Insurance. Financial Responsibility.** Each applicant must show proof of financial responsibility that meets the requirements of section 6524 of Title 3, California Code of Regulations (3 CCR). Proof of financial responsibility is demonstrated by having your insurance carrier complete one of the two attached insurance certificates or some other method approved by the Department either the DPR Certificate of Insurance form (DPR-PML-052) or an ACORD. See instructions for details.

**H.J. Worker's Compensation Insurance. Worker's Compensation Insurance.** Each applicant who is an employer, as defined in Section 3300 of the California Labor Code, is required to carry worker's compensation insurance. If your business has no employees, write "No employees" below.

WORKERS COMPENSATION INSURANCE CARRIER NAME <u>Worker's Compensation Insurance Carrier Name</u>	POLICY NUMBER <u>Policy Number</u>	EXPIRATION DATE <u>Expiration Date</u>
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**I.K. Fees. All fees are non-transferable and non-refundable. Fees. All fees are non-transferable and non-refundable.** (See chart in the instructions "New License Fee Examples" on page 4)

	1-Year	or	2-Year		# Branches	=	Total Fees	
Main Location	\$160		\$320		--	=	\$ _____	
Branch Location	\$80	or	\$160	X	_____	=	\$ _____	
Name/Address Change, Duplicate / Replacement Fee	\$20		--	X	_____	=	\$ _____	
<b>Total Fee(s) Due</b>							=	\$ _____

Fee Exempt (A completed copy of the "No Fee Pest Control Business Application Supplement" must be submitted with your application)

**Enclose a check, money order, or credit card information for the total amount due. Make payable to: "DPR Cashier." Mailing Instructions: Mail your completed application, required documentation, and fees to:**

Cashier, Department of Pesticide Regulation  
P.O. Box 4015  
Sacramento, California 95812-4015

**J.L. Read Before Signing. Read Before Signing.** During the last three years, have you had any administrative, civil, or criminal action taken against you for violation of any State or federal laws or regulations relating to the application or use of pesticides that resulted in disciplinary actions or in which any disciplinary action is pending?

YESes (Attach explanation on separate page-)

NOo

**K.M. I declare under penalty of perjury, under laws of the State of California, that the above information is true and correct. I declare under penalty of perjury, under laws of the State of California, that the information submitted is true and correct. (Signature must be owner, officer, or QAL holder.)**

APPLICANT SIGNATURE Applicant Signature

DATE SIGNED Date Signed

**PEST CONTROL BUSINESS LICENSE APPLICATION INSTRUCTIONS**

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

**A. Application Type:**

- **New Application:** If you are applying for a Pest Control Business License for the first time.
  - **Name/Address Change:** ~~Every business shall immediately notify the Department of Pesticide Regulation (DPR) of any change. Submit a copy of the legal document substantiating a name change. Address changes may be made directly on the application form. A new license will only be mailed if you submit a \$20 fee.~~ Address changes may be made directly on the application form. For address changes, a \$20 replacement fee is required. See section C for information on business name changes.
  - **Add Branch Location:** ~~Adding a list additional~~ pest control business branch location(s) ~~to your license.~~
  - **Owner/Entity-Type Change:** Every business shall immediately notify DPR of any changes in ownership or entity-type. For business name or entity-type changes, you must re-apply as a new applicant and pay the appropriate fees.
  - **Duplicate/Replacement License:** ~~Requesting a duplicate or replacement license.~~ For a duplicate or replacement license, a \$20 replacement fee is required.
  - **Change/Update Qualified Applicator:** For changes in a business's Qualified Applicator(s), refer to section G.
- ~~Pest Control Business License Number:~~** Enter your current pest control business license number.

**B. Business Information (Main Location):** ~~If you are changing your business name, enter your former business name, and license number (optional), in Section "C". If there is a change in business name or address you must immediately notify DPR in writing. Submit the following information with your new application of name change according to your business type below:~~ Enter your business name and DBA (if applicable). Enter E-Mail address, current DPR pest control business license number (if applicable), business phone number, business mailing address, business location address (if different from mailing address), and business type. Submit the required supporting documentation with your new application or name change (see section C) according to your business type below:

- **Partnership:** Submit a "Fictitious Business Name Statement" which may be obtained from the county clerk's office.
- **Individual:** If the business name is different than your surname (last name), submit a "Fictitious Business Name Statement" which may be obtained from the county clerk's office.
- **Corporation, Limited Liability Company, or Limited Liability Partnership:** Submit a current copy of the "Certificate of Good Standing" which may be obtained from the California Secretary of State, Certificate Department.
- **Non-Profit Association:** If the business is a corporation, submit a current copy of the "Certificate of Good Standing" which may be obtained from the California Secretary of State, Certificate Department, ~~1500 11<sup>th</sup> Street, Sacramento, California 95814.~~ If the business name is different than your surname (last name), submit a "Fictitious Business Name Statement" which may be obtained from the county clerk's office.

**C. Former Business Name:** ~~Enter the former name and license number (optional) in this section of the application. If you are changing your business name, enter your former business name and license number. Submit the required supporting documentation with your name change according to your business type in section B. A \$20 replacement fee is required. Note: name changes may affect your current renewal cycle and additional fees may apply.~~

**D. Business Officers or Owners:** List the name, title, and mailing address of the business ~~officers and/or owner(s).~~ If necessary, ~~use~~ attach an additional sheet of paper. ~~Notify DPR immediately if there is a change in the business ownership or organization. A new application and fee must be immediately submitted for this change.~~

**E. Business Officer(s):** List the name, title, and mailing address of the business officer(s). If necessary, attach an additional sheet of paper.

**EF. Qualified Applicator and Branch Location:** **Qualified Applicator at Each Business Location:** Each business and branch office must have a qualified applicator who possesses a valid Qualified Applicator License (QAL) with the appropriate pest control category(ies) to engage in the business of pest control from that location. Each main and branch location must have its own qualified applicator responsible for supervising all pest control operations performed at that location. Use an additional sheet of paper if necessary. ~~If there is a change in the qualified applicator for the business, notify DPR immediately. There is no fee required for this change. If the branch name is different from the main business name, indicate the branch name and submit a "Fictitious Business Name Statement" which may be obtained from the county clerk's office.~~ Enter the name(s) and license number(s) of the qualified applicators for the business.

**G. Qualified Applicator Changes:** Enter the name(s) of the new qualified applicator(s) for your business. Each business must have a qualified person who possesses a valid Qualified Applicator License (QAL) with the appropriate category(ies).

**F.H. Pest Control Business Type:** (1) Indicate the type of pest control your business will be performing or performs. (2) Indicate the type of pest control category(ies) your business requires to be in business. Check all that apply.

**G. Liability Insurance:** **I. Financial Responsibility:** Each applicant for a Pest Control Business License must demonstrate financial responsibility that meets the requirements of Title 3, California Code of Regulations (3 CCR) section 6524. (Note: Coverage must include chemical liability.) Financial responsibility is demonstrated by ~~one~~ of the following methods:

1. File with DPR an approved certificate of insurance certifying liability insurance coverage that meets the minimum requirements. ~~This can be achieved by having your insurance carrier complete either the attached Certificate of Insurance (DPR-PML-052, Rev. 8/11) or the attached Certificate of Insurance Requirements Statement (PR-PML-173). If you use the Certificate of Insurance Requirements Statement form, have your insurance carrier submit their Certificate of Insurance along with an endorsement for pollution coverage if necessary and an "ACORD" that meets the requirements in 3 CCR 6524.~~
  - An ACORD Certificate of Insurance from your insurance company. If you choose the ACORD certificate, the following information must appear in the "Certificate Holder" box at the bottom of the form:
    - ◊ Department of Pesticide Regulation  
DPRinsurance@cdpr.ca.gov
    - A DPR Certificate of Insurance form (DPR-PML-052, Rev. 08/11)
2. A \$75,000 Certificate of Deposit that meets the minimum requirements in 3 CCR section 6524.
3. A \$75,000 surety bond that meets the minimum requirements in 3 CCR section 6524.

See the Financial Responsibility Options chart in 3 CCR section 6524 for specific coverage requirements. If you have questions, call E-Mail DPR.

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**H.J. Worker's Compensation Insurance:** Each applicant who is an employer as defined in Section 3300 of the California Labor Code is required to carry worker's compensation insurance. If applicable, enter the name of the worker's compensation insurance carrier, the policy number, and the policy expiration date.

**I.K. Fees:** All fees are non-transferable and non-refundable.

License Type	A-L business name submitting in even calendar year*	M-Z business name submitting in even calendar year*
	OR	OR
	M-Z business name submitting in odd calendar year*	A-L business name submitting in odd calendar year*
Main Location	\$160	\$320
Branch Location	\$80	\$160

Name/Address Change or Duplicate/Replacement: \$20

\* Your license fee is based on whether you are applying for a license for a Main or Branch Location, whether you are applying in an 'even' or 'odd' calendar year, and whether your business name begins with the letters 'A-L' or 'M-Z.' This is because DPR has a set two-year renewal cycle based on the business' name See the following examples to help determine the appropriate fee.\* Your license fee is based on whether you are applying for a license for a Main or Branch Location, whether you are applying in an 'even' or 'odd' calendar year, and whether your business name begins with the letters 'A-L' or 'M-Z.' This is because DPR has a set two-year renewal cycle based on the business' name See the following examples to help determine the appropriate fee.

New License Fee Examples

Year Submitting Application	Business Name Starts with...	Main License Application Fee	Branch License Application Fee	License expires on December 31 <sup>st</sup> of the:
Odd Calendar Year (i.e. 2019, 2021, 2023...)	A-L	\$320	\$160	next even calendar year
	M-Z	\$160	\$80	current calendar year
Even Calendar Year (i.e. 2018, 2020, 2022...)	A-L	\$160	\$80	current calendar year
	M-Z	\$320	\$160	next odd calendar year

**New License Fee Examples**

**New Application – Even Year (i.e. 2022, 2024, 2026...)**

<b><u>Business Name Starts With...</u></b>	<b><u>You Pay...</u></b>	<b><u>Main Fee Amount</u></b>	<b><u>Branch Fee Amount</u></b>
<u>A-L</u>	<u>One-year Fee</u>	<u>\$160</u>	<u>\$80</u>
<u>M-Z</u>	<u>Two-year Fee</u>	<u>\$320</u>	<u>\$160</u>

**New Application – Odd year (i.e. 2023, 2025, 2027...)**

<b><u>Business Name Starts With...</u></b>	<b><u>You Pay...</u></b>	<b><u>Main Fee Amount</u></b>	<b><u>Branch Fee Amount</u></b>
<u>A-L</u>	<u>Two-year Fee</u>	<u>\$320</u>	<u>\$160</u>
<u>M-Z</u>	<u>One-year Fee</u>	<u>\$160</u>	<u>\$80</u>

**Address Change or Duplicate / Replacement Fee: \$20**

**J.L. ~~Read Before Signing~~Read Before Signing**: Check appropriate box and provide explanation, if necessary.

**K.M. ~~Declaration / Signature Block~~Declaration / Signature Block**: Sign and date your application. Sign here to indicate that all of the information submitted is true and correct. Signature must be owner, officer, or QAL holder.

**Mailing Instructions**: Enclose a check, money order, or credit card information payable to “Cashier, DPR” and mail to:

~~Cashier~~, Department of Pesticide Regulation  
Attn: Cashier MS-4A  
P.O. Box 4015  
Sacramento, CaliforniaCA 95812-4015