

MAINTENANCE GARDENER PEST CONTROL BUSINESS LICENSE APPLICATION

DPR-PML-004 (REV. 08/10/18)

Page 1 of 4

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

PLEASE READ FOR COMPLETE INSTRUCTIONS, PLEASE SEE PAGES 3 AND 4.

A. Application Type. Check the appropriate box(es).

 NEW APPLICATION NAME / ADDRESS CHANGE OTHER (Specify) _____ DUPLICATE / REPLACEMENT LICENSE

MAINTENANCE GARDENER BUSINESS LICENSE # _____

B. Business Information. Please print or type.

BUSINESS NAME _____

E-MAIL ADDRESS _____

FAX NUMBER

()

TELEPHONE NUMBER

()

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

(City)

(County)

(State)

(ZIP Code)

BUSINESS LOCATION ADDRESS (Number and Street)

(City)

(County)

(State)

(ZIP Code)

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

 CORPORATION INDIVIDUAL LIMITED LIABILITY COMPANY OTHER _____ PARTNERSHIP NON-PROFIT ASSOCIATION LIMITED LIABILITY PARTNERSHIP

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

FORMER BUSINESS NAME _____

LICENSE NUMBER (optional) _____

D. Business Officers or Owners. Attach additional sheet if necessary.

1) NAME _____

TITLE _____

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

(City)

(State)

(ZIP Code)

2) NAME _____

TITLE _____

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

(City)

(State)

(ZIP Code)

3) NAME _____

TITLE _____

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

(City)

(State)

(ZIP Code)

E. Qualified Person Applicator. Each business must have a qualified person applicator who possesses a valid Qualified Applicator Certificate (QAC) or Qualified Applicator License (QAL) with the Landscape Maintenance category B or a QAC with the Maintenance Gardener subcategory Q. The qualified person applicator is responsible for supervising all pest control operations performed by the business. Attach additional sheet if necessary.

1) QUALIFIED PERSON APPLICATOR NAME _____

QAC OR QAL NUMBER QAL NUMBER EXPIRATION DATE

LOCATION OF BUSINESS LOCATION ADDRESS (Number and Street or P.O. Box Number) (City)

(State)

(ZIP Code)

2) QUALIFIED PERSON APPLICATOR NAME _____

QAC OR QAL NUMBER QAL NUMBER EXPIRATION DATE

LOCATION OF BUSINESS LOCATION ADDRESS (Number and Street or P.O. Box Number) (City)

(State)

(ZIP Code)

3) QUALIFIED PERSON APPLICATOR NAME _____

QAC OR QAL NUMBER QAL NUMBER EXPIRATION DATE

LOCATION OF BUSINESS LOCATION ADDRESS (Number and Street or P.O. Box Number) (City)

(State)

(ZIP Code)

4) QUALIFIED PERSON APPLICATOR NAME _____

QAC OR QAL NUMBER QAL NUMBER EXPIRATION DATE

LOCATION OF BUSINESS LOCATION ADDRESS (Number and Street or P.O. Box Number) (City)

(State)

(ZIP Code)

Application Continued on **Reverse Side Page 2**

**MAINTENANCE GARDENER PEST CONTROL
BUSINESS LICENSE APPLICATION**

DPR-PML-004 (REV. 08/10/18)

Page 2 of 4

F. Maintenance Gardener Pest Control Business Type.

~~Indicate the type of pest control your business will be performing or performs by checking the appropriate box(es) below. Select the type(s) of pest control your business may engage in. Select all that apply.~~

- Interior Plants or Landscape Maintenance
- Exterior Landscape Maintenance
- Vertebrate Pest Control
- Turf Pest Control
- Ornamental Plant Pest Control
(Treatment to Ornamental Plants)
- Weed Control

G. Liability Insurance. Each applicant must show proof of financial responsibility that meets the requirements of Section 6524 of Title 3, of the California Code of Regulations. 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.

H. 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 "~~Not Applicable~~No Employees" below.

WORKER'S COMPENSATION INSURANCE CARRIER NAME	POLICY NUMBER	EXPIRATION DATE
--	---------------	-----------------

I. Fees. All fees are non-transferable and non-refundable. See chart in the instructions on page 4.

	1-Year	2-Year	Total Fees
Main Location	<input type="checkbox"/> \$80	or <input type="checkbox"/> \$160	\$ _____
Name/Address Change, Duplicate/Replacement Fee	<input type="checkbox"/> \$20		\$ _____
Total Fee(s) Due/Enclosed	Total Fee(s) Due:		\$ _____

Enclose a check, money order, or credit card payment information for the total amount due. Make payable to: "DPR Cashier". ~~Department of Pesticide Regulation.~~

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. 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?

- YES (~~State explanation below or~~ attach explanation on a separate page.)
- NO

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

APPLICANT SIGNATURE _____	DATE SIGNED _____
---------------------------	-------------------

<u>FOR OFFICIAL</u>	<u>BUSINESS LICENSE NUMBER</u>	<u>PROBLEM</u>	<u>COMPUTER ENTRY DATE</u>
---------------------	--------------------------------	----------------	----------------------------

Instructions on Pages 3 and 4

MAINTENANCE GARDENER PEST CONTROL BUSINESS LICENSE APPLICATION INSTRUCTIONSDPR-PML-004 (REV. ~~08/10/18~~)

Page 3 of 4

Failure to complete or provide the requested information will delay the processing of your application.**A. Application Type:** ~~Check the appropriate box(es).~~

- New Application:** If you are applying for the Maintenance Gardener Pest Control Business License for the first time.
- Name/Address Change:** ~~Requesting name/address changes. Every business shall immediately notify DPR of any change.~~ Submit a copy of the legal document substantiating the name change. Address changes may be made directly on the application form. A new license will ~~not be printed for an address change only unless specifically requested and only be mailed if you submit~~ a \$20 fee ~~submitted with the application.~~
- Duplicate/Replacement License:** Requesting a duplicate or replacement license.

Maintenance Gardener Business License: Enter your current Department of Pesticide Regulation (DPR) Maintenance Gardener Pest Control business license number.

- ~~**Other:** Any other change, please specify the change.~~

B. Business Information: ~~Complete the information requested in this section. If you are changing your business name, enter your former business name in Section "C". If there is a change in business name or address you must immediately notify the Director in writing. If your business is a:~~ You must immediately notify DPR, in writing, of any change in the business name. Enter your former business name, and license number (optional), in Section C. Submit the following information with your new application or name change according to your business type below:

- ~~**Corporation,** submit a current copy of the "Certificate of Good Standing" which may be obtained from the Secretary of State, Certificate Department, 1500 11th Street, Sacramento, California 95814.~~
- ~~**Limited Liability Company or Limited Liability Partnership,** submit a current copy of the "Certificate of Good Standing" which may be obtained from the Secretary of State, Certificate Department, 1500 11th Street, Sacramento, California 95814.~~
- 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 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 Secretary of State, Certificate Department, 1500 11th 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: ~~If your business name has changed, e~~ Enter the former name and license number (optional) in this section of the application.**D. Business Officers or Owners:** List the name, title, and mailing address of the business officers and/or owners. If necessary, use an additional sheet of paper. **Notify DPR immediately!** If there is a change in the business ownership or organization, ~~notify the Director immediately in writing.~~ A new application and fee must be submitted for this change.

Each eligible employee must complete and submit the Statement of Verification (PR-PML-143) indicating he/she meets the criteria to become a maintenance gardener.

E. Qualified Person Applicator: Each business must have a qualified person applicator who possesses a valid Qualified Applicator Certificate (QAC) or License (QAL) with the Landscape Maintenance category B₁ or QAC with Maintenance Gardener subcategory Q. The qualified person applicator is responsible for supervising all pest control operations

performed by the business. Use an additional sheet of paper if necessary. If there is a change in the qualified ~~person~~applicator for the business, notify ~~the Director~~DPR immediately. There is no fee required for this change.

- F. **Maintenance Gardener Pest Control Business Type**:- Indicate the type of pest control your business will be performing or performs. Check all that apply.
- G. **Liability Insurance**:- Each applicant for a Maintenance Gardener Pest Control Business License must demonstrate financial responsibility that meets the requirements ~~of in Section 6524 of~~ Title 3, ~~of the~~ California Code of Regulations (3 CCR) section 6524. (Note: Coverage must include chemical liability.) Financial responsibility is demonstrated by one of the following methods:

MAINTENANCE GARDENER PEST CONTROL BUSINESS LICENSE APPLICATION INSTRUCTIONS

DPR-PML-004 (REV. 08/10/18)

Page 4 of 4

1. ~~Filing File with the Director DPR~~ an approved certificate of insurance certifying liability insurance coverage that meets the ~~Department's~~ 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 minimum requirements of 3 CCR section 6524.
2. In lieu of insurance or a certificate of deposit, the maintenance gardener business may provide a "Liability Certificate ~~ion~~ Statement" (PR-PML-170) to ~~the Director DPR~~, under penalty of perjury, that as to chemical property damage resulting from their pest control operations, you are financially able to respond to damages using your own personal assets, etc.
3. A Certificate of Deposit that meets the ~~Department's~~ minimum requirements ~~of Section 6524 of Title 3, California Code of Regulations~~ in 3 CCR section 6524.
4. ~~An "ACORD" provided by your insurance company that meets the Department's minimum requirements of Section 6524 of Title 3, California Code of Regulations.~~ A surety bond that meets the minimum requirements of 3 CCR section 6524.

See the Financial Responsibility Options chart in 3 CCR section 6524 for specific coverage requirements. If you have questions, call ~~this office DPR~~.

H. **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. **Fees.** All fees are non-transferable and non-refundable.

	<u>One-Year*</u>	<u>Two-Year*</u>
Main Location:	\$80	\$160
Name/Address Change Fee: \$20 (See Note)		
Duplicate/Replacement Fee: \$20 (See Note)		

	<u>A-L business name submitting in even calendar year*</u>	<u>M-Z business name submitting in even calendar year*</u>
<u>Maintenance Gardener Pest Control Business License</u>	<u>OR</u>	<u>OR</u>
	<u>M-Z business name submitting in odd calendar year*</u>	<u>A-L business name submitting in odd calendar year*</u>
<u>Main Location</u>	<u>\$80</u>	<u>\$160</u>

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

** Your license fee is based on 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 following examples to help determine the appropriate fee.*

New License Fee Examples:

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

<u>Even Calendar Year</u> (i.e 2018, 2020, 2022..)	<u>A-L</u>	<u>\$80</u>	<u>current calendar year</u>
	<u>M-Z</u>	<u>\$160</u>	<u>next odd calendar year</u>

NOTE: A fee for an address change is only required when the licensee requests a new license be issued (printed and mailed). A maximum fee of \$20 is due for all name/address changes and requests for a duplicate/replacement licenses submitted on a single application.

~~* The following information and table will assist you in determining the appropriate application fee.~~

~~New Application Fee Schedule Example:~~

Year Submitting Application	License Name	License Expiration Year	License Application Fee
2010	A-L	2010	\$80
	M-Z	2011	\$160
2011	A-L	2012	\$160
	M-Z	2011	\$80
2012	A-L	2012	\$80
	M-Z	2013	\$160

~~If your business name begins with **A-L**, the expiration date of the business license is on **even-numbered** years.
If your business name begins with **M-Z**, the expiration date of the business license is on **odd-numbered** years.~~

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

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

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

Declaration/Signature Block: Sign and date your application. ~~Enclose a check, money order, or credit card payment payable to "Cashier, DPR" and mail to: Cashier, Department of Pesticide Regulation, P.O. Box 4015, Sacramento, California 95812-4015.~~

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