DEPARTMENT OF PESTICIDE REGULATION
LICENSING AND CERTIFICATION
PO BOX 4015
SACRAMENTO, CALIFORNIA 95812-4015
916-445-4038
Email: LicenseMail@cdpr.ca.gov
Web site: http://www.cdpr.ca.gov

PESTICIDE BROKER LICENSE PACKET

Contains the following documents:

- Licensing Requirements
- Application and Instructions
- Licensing Visa/MasterCard Transaction Form

Do you need this license?

Unless you are a pesticide registrant or pest control dealer, you must possess a pesticide broker license if you are a person or business (inside or outside of California) who first sells or distributes pesticides into or within California. However, this license does not authorize the sale of agricultural use or restricted use pesticides to end users.

Basic licensing requirements

You can obtain a pesticide broker license by submitting an application. A branch location includes a broker's distribution center(s), not individual retail outlets. There are no fees required to obtain or renew this license.

Other requirements

Once you obtain your license, you must do all of the following:

- Maintain records of your purchases, first sales, and distributions of pesticides into or within the state for four years at your principle place of business
- Report to the Director the total dollars of sales (including zero sales) and the total pounds of pesticides sold into or within California on a quarterly basis (FAC section 12406[a][b])
- Pay the mill assessment fee if you are the first seller*

*California assesses a "mill assessment" fee on all pesticide sales. The first seller is responsible for payment of the mill assessment. This is usually the pesticide registrant. Registrants are responsible for reporting the amount of pesticides they distribute or sell for use in California, and for paying the mill assessment. If the first sale is made not by the registrant but by another party (a pesticide broker or pest control dealer), then they must report and pay the mill assessment. (FAC section 12406[b])

License duration

A new license may be issued for up to two years, depending on when you apply and your license cycle. Each renewed license is valid for two years unless you renew late.

License cycles for renewal

The following table illustrates the license cycles for renewal.

If your business name begins with…	Then your license will…
A through **L**	Expire on December 31 of even-numbered years (e.g. 2018, 2020, 2022, etc.)
M through **Z** (including business starting with "The")	Expire on December 31 of odd-numbered years (e.g., 2017, 2019, 2021, etc.)

Continued on next page.

Fees

Note that there is no fee to renew your broker license, but you must submit a renewal applicaton.

Type	Amount	Details
Name change	$20	• You must immediately notify the Licensing and Certification Office **in writing** (3CCR section 6508). • You must submit legal documents certifying the name change. • A new license will be automatically issued for all name changes. • The *Address and/or Name Change Form* is available on our Web site <www.cdpr.ca.gov/docs/license/lcforms.htm>.
Address change	$20	• You must immediately notify the Licensing and Certification Office **in writing** (3 CCR section 6508). • This fee is only required if you request a new license. • The *Address and/or Name Change Form* is available on our Web site at <www.cdpr.ca.gov/docs/license/lcforms.htm.>
Duplicate	$20	This fee applies to requests for a duplicate or replacement license.

Our mailing address

Department of Pesticide Regulation
Licensing and Certification Program
P. O. Box 4015
Sacramento, CA 95812-4015

For more information

Please email us at LicenseMail@cdpr.ca.gov.
Note: Your application and materials must be mailed to DPR. We cannot accept electronic submittals.

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STATE OF CALIFORNIA

PESTICIDE BROKER LICENSE APPLICATION

DPR-PML-217 (REV. 10/18)

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

FOR COMPLETE INSTRUCTIONS SEE PAGE 3.

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

☐ NEW APPLICATION

☐ NAME / ADDRESS CHANGE
☐ ADD BRANCH LOCATION
☐ DUPLICATE / REPLACEMENT LICENSE

BROKER LICENSE # _____

B. Business Information (Main Location).

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

☐ 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. Branch Locations. Attach additional sheet if necessary.

1) LOCATION ADDRESS *(Number and Street or P.O. Box Number)*	*(City)*	*(County)*	*(State)*	*(ZIP Code)*
2) LOCATION ADDRESS *(Number and Street or P.O. Box Number)*	*(City)*	*(County)*	*(State)*	*(ZIP Code)*
3) LOCATION ADDRESS *(Number and Street or P.O. Box Number)*	*(City)*	*(County)*	*(State)*	*(ZIP Code)*
4) LOCATION ADDRESS *(Number and Street or P.O. Box Number)*	*(City)*	*(County)*	*(State)*	*(ZIP Code)*
5) LOCATION ADDRESS *(Number and Street or P.O. Box Number)*	*(City)*	*(County)*	*(State)*	*(ZIP Code)*

Application Continued on Page 2

F. Pesticide Broker Business Type. Indicate the type of pesticides your business will be selling by checking the appropriate box(es) below.

- ☐ Agricultural Use Pesticides
- ☐ Non-agricultural Use Pesticides
- ☐ Restricted Use Pesticides (Either California or Federal)
- ☐ Other _____
- ☐ Tributyltin
- ☐ Livestock/Poultry Pesticides
- ☐ Biological Control Agents

G. Fees & Mailing. All fees are non-transferable and non-refundable. Fee does not apply to new applicants.

Name/Address Change, Duplicate/Replacement Fee: $20

Enclose a check, money order, or credit card information for $20. Make payable to: "DPR Cashier."

Mail your completed application and required documentation (and fees if applicable) to:

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

H. 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 sale of pesticides that resulted in disciplinary actions or in which any disciplinary action is pending?

- ☐ YES (Attach explanation on separate page.)
- ☐ NO

I. 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

Instructions on Page 3

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 the Pesticide Broker License for the first time.

Add Branch Location: Adding a pesticide broker branch location to your license.

Duplicate/Replacement License: Requesting a duplicate or replacement license.

Name/Address Change: Requesting name/address changes. Submit a copy of the legal document substantiating the name change. Address changes may be made directly on the application form with a $20 fee.

NOTE:
*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*.

B. **Business Information (Main Location):** If you are changing your business name, enter your former business name, and license number (optional), in Section "C". You must immediately notify DPR, in writing, of any change in the business name. Submit the following information 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 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 "Ficticious Business Name Statement" which may be obtained from the county clerk's office.

C. **Former Business Name:** If your business name has changed, 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. A new application and fee must be immediately submitted for this change.

E. **Branch Locations:** Complete this section to add a branch location to your business. Enter the business location address for each branch location added. 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.

F. **Pesticide Broker Business Type:** Indicate the type of pesticides the business will be selling. Check all that apply.

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

Name/Address Change Fee: $20

Duplicate/Replacement Fee: $20

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

I. **Declaration/Signature Block:** Sign and date your application.

Mailing Instructions: Mail your completed application and enclose a check, money order, or credit card information payable to "DPR Cashier" to:

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

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State of California
Department of Pesticide Regulation
Sacramento, CA
Web site: http://www.cdpr.ca.gov
Email: LicenseMail@cdpr.ca.gov
DPR-105-A (Rev. 7/20)

Licensing Visa / Mastercard Transaction Form

Complete this payment form and mail with completed application form(s) to:

ATTN: Cashier
Department of Pesticide Regulation
PO Box 4015
Sacramento, CA 95812-4015

All sections must be completed. Do not e-mail or fax this form. Electronically received forms will not be accepted.
Failure to complete all sections of this form will result in your application and payment being delayed or rejected.

Cardholder Information.

Name (as it appears on the card)	Telephone Number ( )

Card Information. (Visa and Mastercard only. No other cards are accepted)

Card Type (check one):	☐ Visa									☐ Mastercard										
Card Number (16 digits):					--					--					--					
Expiration Date:			/					Billing ZIP Code:												
Total Amount of Payment: $																				

Signature of Cardholder

Billing Address (Street or PO Box Number)

City	State	ZIP Code

If the cardholder is not the licensee, or if the cardholder is paying for multiple licensees, indicate who the payment is for below. Please attach an additional sheet if needed.

1) Licensee Name	4) Licensee Name
License Number (if applicable):	License Number (if applicable):
2) Licensee Name	5) Licensee Name
License Number (if applicable):	License Number (if applicable):
3) Licensee Name	6) Licensee Name
License Number (if applicable):	License Number (if applicable):

(Department Use Only) – Entered on POS by:	Date Entered:	Date Mailed:	Mailed By:
Notes:			