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

MAINTENANCE GARDENER PEST CONTROL BUSINESS LICENSE PACKET

Contains the following documents:

- Licensing Requirements and Fact Sheet
- Application & Instructions
- Supplemental Application Information
- Financial Responsibility Information
- Financial Responsibility Documents:
  - ACORD Certificate of Liability Insurance (sample)
  - Certificate of Insurance
  - Pest Control Business Licensees Bond
  - Liability Certification Statement
  - Certificate of Deposit (no document is available, proof from bank issuer is required)
- Licensing Visa/Mastercard Transaction Form

MAINTENANCE GARDENER PEST CONTROL BUSINESS LICENSING REQUIREMENTS

Do you need this license?

You must possess a Maintenance Gardener Pest Control Business (MGB) License if you are a maintenance gardener who occasionally engages in pest control in support of your primary gardening business for hire[1] (Food and Agricultural Code [FAC] section 11704a).

- You are a Maintenance Gardener if your maintenance gardening activities include mowing lawns, engaging in general yard cleanup, and/or taking care of plants and turf in:
  - Outdoor ornamental and garden areas surrounding public structures, such as buildings, brick walls, fountains, fences, statues;
  - Outdoor ornamental and garden areas surrounding commercial parks, such as, offices, restaurants, warehouses, factories, stores, shopping centers, malls;
  - Parks, golf courses, cemeteries, <u>but only</u> on ornamental or turf plantings near buildings (clubhouses, pro shops, restrooms) that are <u>distinct and separate</u> from the plantings that constitute open space landscaping in a park, golf course or cemetery itself.

If the primary purpose of your business is pest control, you must obtain a Pest Control Business License.

Licensing exemption

Persons doing pest control incidental to new construction are not required to obtain this business license. This includes construction work in establishing new landscapes.

Basic licensing requirements

You may obtain a MGB license by submitting the following:

- Application;
- Appropriate fee;
- Supplemental application information (PR-PML-143);
- Qualified person's identification;
- Proof of financial responsibility;
- Documents required to verify your business name and type, if applicable; and
- Worker's compensation insurance, if applicable.

Definitions and more information will follow.

Qualified person

A qualified person is someone in a supervisory position that holds a valid Qualified Applicator Certificate (with a subcategory Q-*Maintenance Gardener* or category B-*Landscape Maintenance*) or a valid Qualified Applicator License (with a category B-*Landscape Maintenance*). There must be at least one qualified person at each business location at all times [FAC section 11704(a)].

Please state the name of the qualified applicator, their license or certificate number, and their license or certificate category as indicated on the application form.

Continued on next page.

[1] "For hire" refers to any person who advertises, solicits, or operates as a business.

Financial responsibility

You must demonstrate financial responsibility by choosing one of the options listed below and completing the required form associated with your preferred option (FAC section 11702(c)(2) and Title 3 of the California Code of Regulations [3 CCR] section 6524). All department forms are available in this packet. They are also available on the DPR website: www.cdpr.ca.gov/docs/license/lcforms.htm.

Options	Required Forms	Minimum Amounts		
1) Liability Insurance	Submit one of the following: • ACORD Certificate of Liability Insurance • Certificate of Insurance (PR-PML-052)	Bodily injury per person	Bodily injury per occurrence	Property damage
		$5,000	$10,000	$5,000
2) Certificate of Deposit	Proof from bank issuer	$5,000 (need not exceed $300,000)		
3) Surety Bond	Pest Control Business Licensees Bond (PR-PML-053)	$5,000 (need not exceed $300,000)		
4) Self-Insurance	Liability Certification Statement (PR-PML-170)	Damages paid with personal assets.		

Verifying your business name and type

You must have the following documents to verify your business name and type (FAC section 11702(a). If you are the owner of the business and use your surname as part of your business name, then no documents are required.

Document Name	Details
Fictitious Business Name Statement (Sole Proprietorship or Individual)	• Obtain from the County Clerk's Office or County Record's Office. • Applies to any business operating under a name other than the owner's surname.
Certificate of Good Standing (Corporation, Partnership, Limited Liability Corporation, Limited Liability Partnership or Non-Profit)	• Applies to any domestic or foreign corporation operating in California. • Must be obtained by registering with the California Secretary of State's Office.

Continued on next page.

Worker's compensation insurance

You must have worker's compensation insurance if your business has employees (Labor Code section 3300). See the table below for instructions on how to demonstrate that you have met the requirements for worker's compensation insurance.

If you have employees and a valid worker's compensation insurance policy:	State the carrier's name, policy number, and expiration date in section H of the application.
If you do not have employees:	Write "no employees' in section H of the application.

NOTE: If you are interested in self-insurance to fulfill this requirement, please go to the California Department of Industrial Relations for information.

Requirements after license is issued

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

- Register with the County (see below);
- Retain pest control application notification records for two years (3 CCR section 6619);
- Retain records of pesticide use for two years (3 CCR section 6624);
- Submit pesticide use report records to County Agricultural Commissioner every 10th of the month (3 CCR section 6627);
- Possess valid permits from the County for restricted materials used (3 CCR section 6632);
- Provide proof of financial responsibility each year by submitting your renewed financial responsibility statement; and
- Provide proof of worker's compensation insurance (if applicable) each year by submitting a valid certificate of worker's compensation insurance or by completing the Worker's Compensation Insurance Verification form (PR-PML-120), which can be found at www.cdpr.ca.gov/docs/license/lcforms.htm.

County registration

Before you conduct any work, you must register the MGB license with the county agricultural commissioner's office in each county that your business intends to perform pest control (FAC section 11732). Most counties require an annual fee for registration, which covers one calendar year. For a list of county registration fees, please go to the DPR website at www.cdpr.ca.gov/docs/license/liccert.htm.

To register your MGB license with the County, the qualified person must present the following items to the county agricultural commissioner's office.

- Valid MGB license,
- Valid QAL/QAC card – Landscape Maintenance (category B) or Maintenance Gardener (subcategory Q), and
- Inventory of pest control equipment, including number and kind of equipment.

Continued on next page.

Application fee

The application fee is **$80 per calendar year** for this license (3 CCR section 6502).

Depending on the name of your business, you may be required to pay a second year fee of an additional $80. This distinction is based on the following second year cycles:

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 businesses starting with "The")	Expire on December 31 of odd numbered years (e.g. 2017, 2019, 2021, etc.)

For example, if you applied for a license under the name "The Best Landscaping Company" in January 2017, then your license expires on December 31, 2017 (in this case, the license duration is one year) and the fee is $80. If you applied for a license under the name "Best Landscaping Company" in January 2017, then your license expires on December 31, 2018 (in this case, the license duration is two years) and the fee is $160.

Valid licenses

A list of currently valid business licenses may be viewed at the DPR website at: www.cdpr.ca.gov/docs/license/currlic.htm.

License duration

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

Renewal fee

The renewal fee is $160 for the 2-year cycle (3 CCR section 6502). We do not prorate your fee if you renew your license late. Instead, a late fee is applied.

Late renewal fee

A late fee of 50 percent of the total renewal fee will be charged for each license postmarked after December 31 of the expiration year.

Continued on next page.

Miscellaneous fees

The following chart lists possible miscellaneous fees.

Type	Amount	Details
Name change	$20	• This option applies only if you are changing your business name. o If you are changing your business status (corporation, partnership, individual, or LLC), or if the owner is changing, you need to apply and pay for a new business license. • You must immediately notify the Licensing and Certification office **in writing** (3 CCR section 6508). • You must submit legal documents certifying the name change (i.e. Fictitious Business Name Statement). • A new license will be issued for all name changes. • Name change requests can be submitted by completing the Maintenance Gardener Pest Control Business License application (PR-PML-004) and marking the "Name/Address Change" box.
Address change	$20 (fee only required if requesting a new license)	• You must immediately notify the Licensing and Certification office **in writing** (3 CCR section 6508). • Address change requests can be submitted by completing the Maintenance Gardener Pest Control Business License application (PR-PML-004) and marking the "Name/Address Change" box.
Duplicate	$20	• This fee applies to requests for a duplicate or replacement license. • Duplicate card requests can be submitted by completing the Maintenance Gardener Pest Control Business License application (PR-PML-004) and marking the "Duplicate/Replacement License" box.

Name and/or address change fees are waived when a license is reprinted during renewal.

Common mistakes

The most common application errors are:

- Incorrect fees;
- No insurance documents, or the insurance documents submitted do not meet our requirements;
- No business type information provided;
- No qualified applicator listed, or the qualified applicator has the wrong license type.

You can avoid these errors by reading the application instructions carefully.

Continued on next page.

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

MAINTENANCE GARDENER PEST CONTROL BUSINESS LICENSE APPLICATION

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

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

FOR COMPLETE INSTRUCTIONS, SEE PAGES 3 AND 4.

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

☐ NEW APPLICATION

NAME / ADDRESS CHANGE

☐ DUPLICATE / REPLACEMENT LICENSE

MAINTENANCE GARDENER BUSINESS LICENSE # _____

B. Business Information.

BUSINESS NAME

E-MAIL ADDRESS	FAX NUMBER	PHONE 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. Qualified Applicator.

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

1) QUALIFIED APPLICATOR NAME	QAC OR QAL NUMBER	EXPIRATION DATE

BUSINESS LOCATION ADDRESS *(Number and Street or P.O. Box Number)*	*(City)*	*(State)*	*(ZIP Code)*

2) QUALIFIED APPLICATOR NAME	QAC OR QAL NUMBER	EXPIRATION DATE

BUSINESS LOCATION ADDRESS *(Number and Street or P.O. Box Number)*	*(City)*	*(State)*	*(ZIP Code)*

3) QUALIFIED APPLICATOR NAME	QAC OR QAL NUMBER	EXPIRATION DATE

BUSINESS LOCATION ADDRESS *(Number and Street or P.O. Box Number)*	*(City)*	*(State)*	*(ZIP Code)*

4) QUALIFIED APPLICATOR NAME	QAC OR QAL NUMBER	EXPIRATION DATE

BUSINESS LOCATION ADDRESS *(Number and Street or P.O. Box Number)*	*(City)*	*(State)*	*(ZIP Code)*

Application Continued on Page 2

F. Maintenance Gardener Pest Control Business Type.

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
- ☐ 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 "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	$80	or	$160	$ _____
Name/Address Change, Duplicate/Replacement Fee	$20			$ _____
		Total Fee(s) Due:		$ _____

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. 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 (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

Instructions on Pages 3 and 4

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 Maintenance Gardener Pest Control Business License for the first time.

Name/Address Change: 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 only be mailed if you submit a $20 fee.

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.

B. **Business Information:** 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:

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:** 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 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 Applicator:** Each business must have a qualified applicator who possesses a valid Qualified Applicator Certificate (QAC) or License (QAL) with the Landscape Maintenance category B, or QAC with Maintenance Gardener subcategory Q. The qualified 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 applicator for the business, notify 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 in 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 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 Certification Statement" (PR-PML-170) to 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 minimum requirements in 3 CCR section 6524.
4. 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 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.

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

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:

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

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.

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

STATE OF CALIFORNIA
SUPPLEMENTAL APPLICATION INFORMATION
Maintenance Gardener Pest Control
Business License
PR-PML-143 (REV. 9/07)

DEPARTMENT OF PESTICIDE REGULATION
PEST MANAGEMENT AND LICENSING BRANCH
LICENSING AND CERTIFICATION PROGRAM
1001 I STREET
SACRAMENTO, CALIFORNIA 95814-2828
(916) 445-4038
(916) 445-4033
Web site: http://www.cdpr.ca.gov/

SUPPLEMENTAL APPLICATION INFORMATION FOR MAINTENANCE GARDENER PEST CONTROL BUSINESS LICENSE

Section 11704(b) of the Food and Agricultural Code states: The maintenance gardener shall be limited to pest control in ornamental and turf plantings indoors, surrounding structures and commercial parks. (A "commercial park" is a tract of land where several commercial establishments [e.g., stores, offices, restaurants, warehouses, factories] are located. Business "parks", industrial "parks", office "parks", and shopping centers or malls would be commercial parks.) A contract or verification that the pest control operation is incidental and that maintenance gardening is the primary purpose shall be immediately submitted to the commissioner or director upon request.

I, _____, the undersigned, verify under penalty of perjury, that the pest control
(Print Name)

operation is incidental and that maintenance gardening is the primary purpose of my business. The business

name is _____

Executed on _____ , 20_____
(Month and Day)

at _____ , California.
(City)

SIGNED _____

_____
(Address)

_____
(City) (State)

APPLICANT - PLEASE SEND THIS COMPLETED FORM ALONG WITH YOUR MAINTENANCE GARDENER PEST CONTROL BUSINESS LICENSE APPLICATION TO THE LICENSING AND CERTIFICATION PROGRAM AT THE ADDRESS LISTED ABOVE IN THE UPPER RIGHT CORNER.

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STATE OF CALIFORNIA
DEPARTMENT OF PESTICIDE REGULATION

FINANCIAL RESPONSIBILITY OPTIONS FOR PEST CONTROL BUSINESS

(REV. 5/07)

PEST MANAGEMENT AND LICENSING BRANCH
1001 I STREET
P.O. BOX 4015
SACRAMENTO, CA 95812-4015
(916) 445-4038
FAX (916) 445-4033
Web site: http://www.cdpr.ca.gov

If you are applying for a pest control business license, then you must demonstrate financial responsibility by choosing **one** of the options listed in the tables below.

Required forms

The following table lists the forms required for each option. You can obtain all department PR-PML forms from our Web site at <http://www.cdpr.ca.gov/docs/license/lcforms.htm>. If you choose to submit the *Acord Certificate of Liability Insurance* form provided by your insurance company, then **it must state that your policy meets and complies with Title 3 of the California Code of Regulations, Code section 6524, including chemical bodily injury and chemical property damage coverage**. See our *Acord* sample for more details.

Type of Pest Control Business	Option 1: Liability Insurance	Option 2: Certificate of Deposit	Option 3: Surety Bond	Option 4: Self-insurance
Pest Control Business (Ground/ Fumigations)	Submit **one** of the following: • *Acord Certificate of Liability Insurance* (must include required statement; see sample); **or** • *Certificate of Insurance* (PR-PML-052)	Proof from bank issuer	*Pest Control Business Licensees Bond* (PR-PML-053)	N/A
Pest Control Business (Aerial)	Submit the following: • *Certificate of Insurance* (PR-PML-052)	Proof from bank issuer	*Pest Control Business Licensees Bond* (PR-PML-053)	N/A
Maintenance Gardener Pest Control Business	Submit **one** of the following: • *Acord Certificate of Liability Insurance* (must include required statement; see sample); **or** • *Certificate of Insurance* (PR-PML-052)	Proof from bank issuer	*Pest Control Business Licensees Bond* (PR-PML-053)	*Liability Certification Statement* (PR-PML-170)

Required amounts

The following table lists the dollar amounts required for each option.

Type of Pest Control Business	Option 1: Liability Insurance			Option 2: Certificate of Deposit	Option 3: Surety Bond	Option 4: Self-insurance
	Bodily Injury Per Person	Bodily Injury Per Occurrence	Property Damage			
Pest Control Business (Ground/Fumigations)	$100,000	$300,000	$50,000	$75,000	$75,000	N/A
Pest Control Business (Aerial)	$100,000	$300,000	$100,000 per aircraft (a)	$50,000 per aircraft (b)	$50,000 per aircraft (b)	N/A
Maintenance Gardener Pest Control Business	$5,000	$10,000	$5,000	$5,000	$5,000	Pay for damages using personal assets

(a) When more than one aircraft is insured, the property damage aggregate is one-half the property damage limit times the number of aircraft insured.
(b) A certificate of deposit or surety bond need not exceed $300,000 per license.

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

PRODUCER

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A:	
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

INSURED

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
		GENERAL LIABILITY				EACH OCCURRENCE	$
		COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurence)	$
		CLAIMS MADE / OCCUR				MED EXP (Any one person)	$
						PERSONAL & ADV INJURY	$
						GENERAL AGGREGATE	$
		GEN'L AGGREGATE LIMIT APPLIES PER: POLICY / PRO-JECT / LOC				PRODUCTS - COMP/OP AGG	$
		AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident)	$
		ANY AUTO					
		ALL OWNED AUTOS				BODILY INJURY (Per person)	$
		SCHEDULED AUTOS					
		HIRED AUTOS				BODILY INJURY (Per accident)	$
		NON-OWNED AUTOS					
						PROPERTY DAMAGE (Per accident)	$
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	$
		ANY AUTO				OTHER THAN AUTO ONLY: EA ACC	$
						AGG	$
		EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE	$
		OCCUR / CLAIMS MADE				AGGREGATE	$
							$
		DEDUCTIBLE					$
		RETENTION $					$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATU-TORY LIMITS / OTH-ER	
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT	$
		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE	$
						E.L. DISEASE - POLICY LIMIT	$
		OTHER					

Sample

Sample

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

DPR Pest Control Business Number: XXXXX (not applicable if new)
The coverage provided by this insurance company and issued to the aforementioned Named Insured fulfills the requirements pursuant to Title 3 of the California Code of Regulations, Code section 6524, including chemical bodily injury and chemical property damage coverage.

CERTIFICATE HOLDER

California Department of Pesticide Regulation
Licensing and Certification Program
1001 I Street
P.O. Box 4015
Sacramento, CA 95812-4015

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL _____ DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

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STATE OF CALIFORNIA
DEPARTMENT OF PESTICIDE REGULATION

CERTIFICATE OF INSURANCE

DPR-PML-052 (REV. 08/11)

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

This is to certify to the Director of the Department of Pesticide Regulation, whose address is 1001 I Street, Sacramento, California 95814-2828 that _____ (name of business), an applicant for a pest control business license, is at this date insured with _____ _____ (Insurance Company) for the Limits of Coverage stated below.

Coverage Descriptive Schedule

Insurance Coverage	Policy Number(s)	Expiration Date(s)	Limit of Liability Per Person	Limit of Liability Per Occurrence	Limit of Liability Annual Aggregate
1. Bodily injury including Chemical Liability			$	$	$
2. Property Damage including Chemical Liability			$	$	$
3. Combined Single Limit for Bodily Injury and Property Damage including Chemical Liability				$	$

List of Covered Aircraft (Attach additional sheet if necessary)

Aircraft "N" Number	Aircraft Usages (Chemical Use/Nonchemical Use)	Remarks
1) N		
2) N		
3) N		

Insured Information

INSURED BUSINESS NAME		PEST CONTROL BUSINESS LICENSE NUMBER (Optional)	
BUSINESS LOCATION ADDRESS	CITY	STATE	ZIP CODE

Insurance Company and Insurance Agent/Broker Information

1. INSURANCE COMPANY NAME	FAX NUMBER (Optional)	EMAIL ADDRESS (Optional)	PHONE NUMBER (Optional)	
MAILING ADDRESS	CITY		STATE	ZIP CODE
CONTACT PERSON NAME (Optional)				
2. INSURANCE AGENT/BROKER NAME (Optional)	FAX NUMBER (Optional)	EMAIL ADDRESS (Optional)	PHONE NUMBER (Optional)	
MAILING ADDRESS (Optional)	CITY (Optional)		STATE (Optional)	ZIP CODE (Optional)
CONTACT PERSON NAME (Optional)				

The undersigned hereby certifies that liability insurance issued to the aforementioned insured, fulfills the requirements stated above and the requirements pursuant to Section 6524, of Title 3, of the California Code of Regulations.

The issuing company agrees that in the event of non-renewal or material change, including cancellation or reduction of coverage of the policy(ies), the issuing company will endeavor to give the party to whom the Certification is issued 30 days advance notice of such non-renewal or change, but the issuing company shall not be liable in any way for failure to give such notice.

INSURANCE REPRESENTATIVE SIGNATURE	DATE

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STATE OF CALIFORNIA
PEST CONTROL BUSINESS LICENSEES BOND
DPR-PML-053 (REV. 08/11)

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/

STATE OF CALIFORNIA
DEPARTMENT OF PESTICIDE REGULATION

Pest Control Business Licensees Bond
Food and Agricultural Code Section 11702(c)(2)

Premium Amount: _____

KNOW ALL PERSONS BY THESE PRESENTS:

That _____

having an address for service at _____

_____ ,

California, as PRINCIPAL, and _____

_____ ,

a corporation duly authorized as an admitted surety insurer in the State of California, as SURETY, are held and firmly bound to the State of California, and in favor of every person or entity obtaining judgment against the **PRINCIPAL,** in the sum of _____ DOLLARS ($_____), for the payment of which we bind ourselves, or heirs, executors, successors, and assigns, jointly and severally, firmly by these presents.

WHEREAS, the above-named PRINCIPAL holds or has applied to the Director of Pesticide Regulation of the State of California for license entitling said PRINCIPAL to conduct the business of Pest Control, in accordance with the provisions of Division 6, Chapter 4 of the Food and Agricultural Code of the State of California; and

WHEREAS, the provisions of the Food and Agricultural Code Section 11702(c)(2), require that the PRINCIPAL satisfy the Director of PRINCIPAL's financial ability to respond in damages from any illness, injury, or damage resulting from the work authorized by the license, and this bond is executed and tendered in accordance therewith.

NOW, THEREFORE, if said PRINCIPAL shall respond in damages for any illness, injury, or damage resulting from the work, then this obligation is void, otherwise to remain in full force and effect.

The aggregate liability of the Surety on all claims whatsoever shall not exceed the penal sum of this bond.

This bond shall be deemed continuous in form and shall remain in full force and effect, and run concurrently with the license period and any and all renewals, or until cancellation or withdrawal of the Surety from the bond.

Surety may cancel or withdraw from this bond pursuant to the provisions of the Code of Civil Procedure Sections 996.310 et seq.

This bond is executed to comply with provisions of Chapter 4 of Division 6 of the Food and Agricultural Code and of Chapter 2, Title 14, Part 2 of the Code of Civil Procedure, and said bond shall be subject to all of the terms and provisions thereof.

_____

NAME OF SURETY

_____

ADDRESS FOR SERVICE

I certify (or declare) under penalty of perjury, under the laws of the State of California, that I have executed the foregoing bond under an unrevoked power of attorney.

Executed in _____ ,

(City and State)

on _____ .

(Date)

_____

Signature of Attorney-in-fact
of Surety

_____

Printed or typed name of
Attorney-in-fact for Surety

STATE OF CALIFORNIA
DEPARTMENT OF PESTICIDE REGULATION

LIABILITY CERTIFICATION STATEMENT

MAINTENANCE GARDENER PEST CONTROL
BUSINESS LICENSE
PR-PML-170 (REV. 7/03)

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

I, _____ certify that I engage in pest control for hire as an incidental part of my regular Maintenance Gardening business.

I will respond to any damages I may cause while performing activities through the use of my own personal assets.

I certify that there are no unpaid judgments against my company resulting from lawsuits filed against the business.

I certify that there are no current lawsuits filed against my company relating to pest control activities.

I certify that there are no liens on my personal or real property due to unpaid taxes.

THE BUSINESS NAME IS _____

I DECLARE UNDER PENALTY OF PERJURY, UNDER THE LAWS OF THE STATE OF CALIFORNIA, THAT THE FOREGOING IS TRUE AND CORRECT.

SIGNATURE _____ DATE _____

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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:			