

STATE OF CALIFORNIA
FEE EXEMPT PEST CONTROL BUSINESS

DPR-PML-006 (REV. 07/11)

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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/>

FEE EXEMPT (Neighborhood Operator)

NOTE: In accordance with FAC Section 11709, a person not regularly engaged in the business of pest control that operates only in the vicinity of his or her own property and for the accommodation of his or her neighbors is not required to pay the fee specified by Section 11703, but is required to procure a license. The person shall register with the commissioner as provided in Section 11732, and is subject to all other provisions of this division. The determination of the director that a person is engaged in the business of pest control beyond the vicinity of his or her own property or for the accommodation of others than his or her neighbors is final.

SUPPLEMENTAL INFORMATION FOR PEST CONTROL BUSINESS LICENSE (FEE EXEMPT)

Name _____

Address _____

City _____ Zip _____ County _____

Applicant's property consists of:

Acres

Commodity/Site

Location

Neighbor's property to be treated:
Name

Acres

Commodity/Site

Location

The undersigned applies for a license to engage for hire in the business of pest control in accordance with Section 11709 of the Food and Agricultural Code -- operates only in the vicinity of his/her own property and for the accommodation of his/her neighbors.

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT

Signature of Applicant

Date

APPLICANT - *Submit the completed form to the county agricultural commissioner for review.*

COUNTY AGRICULTURAL COMMISSIONER - *Please review and complete.*

Yes No

Does the applicant operate property in this county?

Does the applicant solicit for or engage in the business of pest control?

Are neighbor's properties listed in the vicinity of the property operated by the applicant?

Comments: _____

County Agricultural Commissioner Signature

Date

APPLICANT - *Submit this form with your application for a Pest Control Business License to: Department of Pesticide Regulation, Pesticide Enforcement Branch, Licensing and Certification Program, 1001 I Street, Sacramento, California 95814-2828*

OFFICE USE ONLY - Approved Denied by _____ Date _____

Reason: _____