

ADDRESS AND/OR NAME CHANGE/REPLACEMENT CARD FORM For Individuals Only

Notify DPR of an address or name change immediately in accordance with Title 3, CCR Section 6508. DPR relies on its address files for notifying licensees and certificate holders of upcoming license renewal and important communications. You can notify DPR of any change by filling out this form, signing it, and sending it to us at: DPR Pest Management and Licensing Branch, Licensing and Certification Program, P.O. Box 1379, Sacramento, CA 95812. Please check the appropriate request.

License or Certificate Type. Check one or more of the appropriate box(es).

Individual License or Certificate:

- | | |
|---|--|
| <input type="checkbox"/> Qualified Applicator License (QAL) # _____ | <input type="checkbox"/> Qualified Applicator Certificate (QAC) # _____ |
| <input type="checkbox"/> Dealer Designated Agent (DDA) # _____ | <input type="checkbox"/> Agricultural Pest Control Adviser (PCA) # _____ |
| <input type="checkbox"/> Apprentice Pilot Certificate (APC) # _____ | <input type="checkbox"/> Journeyman Pilot Certificate (JPC) # _____ |

ADDRESS CHANGE:

A \$20 fee is required when the license/certificate holder requests a new printed card to be issued with the address change.

Name: _____
(Name)

Previous Address: _____
(Number & Street or P.O. Box) (City) (State & Zip Code) (County)

New Address: _____
(Number & Street or P.O. Box) (City) (State & Zip Code) (County)

Phone Numbers: _____
(Work) (Home/Cell) (Fax) (E-mail Address)

NAME CHANGE:

Name changes require a \$20 fee and a copy of legal documentation such as marriage certificate or name change documents.
NOTE: DPR staff will contact you for additional information, if needed.

Previous Name: _____
New Name: _____

REPLACEMENT CARD ONLY:

A replacement license/certificate card requires a \$20 fee.

Print Name: _____
Signature: _____ Date: _____