

PEST CONTROL DEALER LICENSE APPLICATION

DPR-PML-041 (REV. 08/11)

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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/>**PLEASE READ INSTRUCTIONS ON PAGES 3 AND 4.****A. Application Type.** Check the appropriate box(es).

<input type="checkbox"/> NEW APPLICATION	<input type="checkbox"/> NAME / ADDRESS CHANGE	<input type="checkbox"/> OTHER (Specify) _____
<input type="checkbox"/> ADD BRANCH LOCATION	<input type="checkbox"/> DUPLICATE / REPLACEMENT LICENSE	BUSINESS LICENSE # _____

B. Business Information (Main Location). Please print or type.

BUSINESS NAME _____

EMAIL ADDRESS _____	FAX NUMBER () _____	TELEPHONE NUMBER () _____
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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.

<input type="checkbox"/> CORPORATION	<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LIMITED LIABILITY COMPANY	<input type="checkbox"/> OTHER _____
<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> NON-PROFIT ASSOCIATION	<input type="checkbox"/> LIMITED LIABILITY PARTNERSHIP	

C. Former Business Name. Enter former business name below.

FORMER BUSINESS NAME _____

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) _____

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)

F. Qualified Person. Each business location must have a qualified person, who possesses a valid license or certification in the following: Pest Control Dealer Designated Agent License, Agricultural Pest Control Adviser License, Qualified Applicator License, or Pest Control Aircraft Certificate. The qualified person is responsible for the operations of the pest control dealer business. Attach additional sheet if necessary.

1) QUALIFIED PERSON'S NAME _____	TYPE OF LICENSE/PILOT CERTIFICATE _____	LICENSE/PILOT CERT. NUMBER _____	EXPIRATION DATE _____
BUSINESS LOCATION ADDRESS (Number and Street) (City) _____	(State) _____	(ZIP Code) _____	

2) QUALIFIED PERSON'S NAME _____	TYPE OF LICENSE/PILOT CERTIFICATE _____	LICENSE/PILOT CERT. NUMBER _____	EXPIRATION DATE _____
BUSINESS LOCATION ADDRESS (Number and Street) (City) _____	(State) _____	(ZIP Code) _____	

3) QUALIFIED PERSON'S NAME _____	TYPE OF LICENSE/PILOT CERTIFICATE _____	LICENSE/PILOT CERT. NUMBER _____	EXPIRATION DATE _____
BUSINESS LOCATION ADDRESS (Number and Street) (City) _____	(State) _____	(ZIP Code) _____	

Application Continued on Reverse Side

PEST CONTROL DEALER LICENSE APPLICATION

G. Pest Control Dealer Type.

Indicate the type(s) of pest control methods/devices or pesticides your business will be selling by checking the appropriate box(es) below.

- | | | |
|--|---|--------------------------------------|
| <input type="checkbox"/> Agricultural Use Pesticides Only | <input type="checkbox"/> Tributyltin | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Restricted Use Pesticides Only (Either California or Federal) | <input type="checkbox"/> Livestock/Poultry Pesticides | |
| <input type="checkbox"/> Both Agricultural Use and Restricted Use Pesticides | <input type="checkbox"/> Biological Control Agents | |

H. Worker's Compensation Insurance. Each applicant who is an employer, as defined in Section 3300 of the Labor Code, is required to carry worker's compensation insurance. If your business has no employees, write "Not Applicable" below.

WORKER'S COMPENSATION INSURANCE CARRIER NAME	POLICY NUMBER	EXPIRATION DATE
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I. Fees. All fees are non-transferable and non-refundable.

	1-Year	or	2-Year	#Branches	=	Total Fees
Main Location	<input type="checkbox"/> \$160		<input type="checkbox"/> \$320	--	=	\$ _____
Branch Location	<input type="checkbox"/> \$80		<input type="checkbox"/> \$160	x	=	\$ _____
Name/Address Change, Duplicate/Replacement Fee	<input type="checkbox"/> \$20			x	=	\$ _____
Total Fee(s) Due/Enclosed						\$ _____

Enclose a check, money order or credit card payment for the total amount due payable to: Cashier, Department of Pesticide Regulation. 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 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
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FOR OFFICIAL USE ONLY	BUSINESS LICENSE NUMBER	PROBLEM	COMPUTER ENTRY DATE
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PEST CONTROL DEALER LICENSE APPLICATION INSTRUCTIONS**A. Application Type.**

- **New Application:** If you are applying for the Pest Control Dealer License for the first time.
- **Add Branch Location:** Adding a pest control dealer 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.
- **Other:** Any other change, please specify the change.

B. Business Information (Main Location). 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:

- **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.
- **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, enter the former name 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. 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.**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. Qualified Person.** Each principal and branch office must have a qualified person who possesses a valid Pest Control Dealer Designated Agent License, Agricultural Pest Control Adviser License, Qualified Applicator License, or Pest Control Aircraft Certificate. The qualified person is responsible for the operations of the pest control business. Use an additional sheet of paper if necessary. If there is a change in the qualified person for the business, notify the Director immediately. There is no fee required for this change.**G. Pest Control Dealer Type.** Indicate the type of pesticides the business will be selling. Check all that apply.**H. Worker's Compensation Insurance.** Each applicant who is an employer as defined in Section 3300 of the 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.

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I. Fees. All fees are non-transferable and non-refundable.

	<u>One-Year*</u>	<u>Two-Year*</u>
Main Location:	\$160	\$320
Branch Location:	\$ 80	\$160

Name/Address Change Fee: \$20 (See Note)

Duplicate/Replacement Fee: \$20 (See Note)

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:

<i>Year Submitting Application</i>	<i>License Name</i>	<i>License Expiration Year</i>	<i>Main License Application Fee</i>	<i>Branch License Application Fee</i>
2010	A-L	2010	\$160	\$80
	M-Z	2011	\$320	\$160
2011	A-L	2012	\$320	\$160
	M-Z	2011	\$160	\$80
2012	A-L	2012	\$160	\$80
	M-Z	2013	\$320	\$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.*

J. Read Before Signing. Check appropriate box.

K. Declaration/Signature Block. Sign and date your application. Enclose a check, money order or credit card 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.