STATE OF CALIFORNIA

REEXAMINATION OR ADDING CATEGORIES APPLICATION

PR-PML-083 (REV. 11/16)

DEPARTMENT OF PESTICIDE REGULATION
PEST MANAGEMENT AND LICENSING BRANCH
LICENSING AND CERTIFICATION PROGRAM
PO BOX 1379
SACRAMENTO, CALIFORNIA 95812
(916) 445-4031
Web site: http://www.cdpr.ca.gov/

FOR REEXAMINATION OR ADDING CATEGORIES ONLY
DO NOT USE THIS FORM FOR A NEW APPLICANT

APPLICANT TYPE- Check the appropriate box (as).	***License/Certificate Type.*** Check the appropriate box - **Only one per application.**		
☐ REEXAMINATION	☐ QAL	☐ DA	☐ Journeyman Pilot
☐ ADDING NEW CATEGORIES	☐ QAC	☐ PCA	☐ Apprentice Pilot

APPLICANT INFORMATION-PRINT OR TYPE

NAME *(Last)* *(First)* MI	DPR APPLICATION/LICENSE/CERTIFICATE NUMBER

MAILING ADDRESS *(Number and Street)*	EMAIL ADDRESS	TELEPHONE NUMBER
		( )

(City) *(County)* *(State)* *(Zip Code)*

LIMIT TO FOUR (4) EXAMS PER MONTH

PCA WHEN TAKING LAWS, REGULATION & BASIC PRINCIPLES EXAMS, LIMIT TO ONLY THREE (3)

LAWS AND REGULATIONS EXAM PLUS ONE CATEGORY MUST BE PASSED TO BECOME LICENSED OR CERTIFIED

IF YOU DO NOT BECOME LICENSED OR CERTIFIED WITHIN 12 MONTHS OF YOUR ORIGINAL EXAM DATE, YOU WILL BE REQUIRED TO SUBMIT A NEW APPLICATION AND FEES AND RETEST IN ALL EXAMS PASSED

EACH EXAMINATION REQUIRES A $50.00 FEE

1. _____

2. _____

3. _____

4. _____

APPLICATION MUST BE MAILED,
FAXED COPIES ARE NOT ACCEPTED
Make checks payable to *"Cashier, DPR"*.
AMOUNT ENCLOSED:$_____

Refer to the current Examination Schedule for Month and City.

Select a 2nd choice for the exam site (Month and City) in case your first choice is not available.

1st choice Month: _____ **CITY:** _____

2nd choice Month: _____ **CITY:** _____

Signature: _____ **Date:** _____