

STATE OF CALIFORNIA
**PEST CONTROL DEALER LICENSE
 RENEWAL APPLICATION**

PR-PML-191 (REV. 9/04)
 Page 1 of 2

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/>

Name Change Address Change

Business License Number: _____
Business Name: _____
Address: _____
City, State, Zip: _____

IMPORTANT - PLEASE READ
 COMPLETE ALL INFORMATION FOR EACH LOCATION AND THE RENEWAL INFORMATION REQUIREMENTS

Qualified Person. Each business location must have a qualified person who possesses a valid Agricultural Pest Control Adviser License, Pest Control Dealer Designated Agent License, Pest Control Pilot Certificate, or Qualified Applicator License to engage in pest control from each location. If you need additional space, attach a separate sheet of paper.

Main/Branch License Number	Business Location Address	Qualified Person's Name and License Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Fees. See Page 2 (instructions) to determine fees based on the number of business location(s) and payment methods. **ALL FEES ARE NON-TRANSFERABLE AND NON-REFUNDABLE.**
 Indicate Amount Enclosed: \$ _____

I declare under penalty of perjury, under laws of the State of California, that the above information provided by me is true and correct.

_____ _____ _____
 SIGNATURE TITLE DATE SIGNED

FOR OFFICIAL USE ONLY

IMPRINT PROBLEM RENEWED DATA ENTRY RC

Instructions on reverse

PEST CONTROL DEALER LICENSE RENEWAL APPLICATION INSTRUCTIONS

PR-PML-191 (REV. 9/04)

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RENEWAL TIME LINE

Renewal time lines have been established to help determine when you may expect to receive your license or certificate based on the date your renewal application is received by the Licensing and Certification Program. Renewal time lines are posted on the Department of Pesticide Regulation's (DPR's) web site.

CHECK LIST: This list will help ensure that your renewal application is completed in full prior to mailing.

- Change of Name/Address.** 3CCR Section 6508 requires all license/ certificate holders to notify DPR immediately of any change in business name, address, qualified person, business organization, or any other information required on the application. Indicate any corrections that appear on the renewal form in the space provided.

Licenses are not transferable. In the case of change of business organization or ownership, a new application is required. If you had a change in ownership or partners or have incorporated, contact us.

- Qualified Person.** Each pest control business location (Main or Branch) must have a qualified person who possesses a valid Agricultural Pest Control Adviser License, Pest Control Dealer Designated Agent License, Pest Control Pilot Certificate, or Qualified Applicator License to engage in pest control from each location. Provide the name(s), license/certificate type(s), and license/certificate number(s) of the qualified person who is responsible for each location in the space provided on the renewal form. If additional space is needed, attach a separate sheet of
- Fees. All fees are non-transferable and non-refundable.** Fees must be paid for each pest control license location (Main and Branch) as totaled on the renewal form. A late penalty fee of fifty percent (50%) of the total renewal fee will be assessed for each license **postmarked after December 31.**

License Renewal (2 Year) and Late Penalty Fees

	Renewal	Late Fee		Renewal	Late Fee
Pest Control Dealer License (Main)	\$320.00	\$160.00	Pest Control Dealer License (Branch)	\$160.00	\$80.00

- Declaration/Signature.** Sign, title and date the renewal application form.
- Payment.** Enclose a check, money order or credit card payment payable to "Cashier, Department of Pesticide Regulation".
- Mail.** Send payment, completed renewal application form, and all required documents in the enclosed envelope addressed to: Cashier, Department of Pesticide Regulation, P.O. Box 4015, Sacramento, California 95812-4015.

Questions? Your name and license/certificate number will be posted to DPR's web site as soon as your application is approved and logged into the database. Our web site address is <http://www.cdpr.ca.gov/docs/license/currlic.htm>. For other questions about your application, please contact the Licensing and Certification Program at (916) 445-4038.

Failure to complete or provide the requested information may delay the processing of your application.

STATE OF CALIFORNIA
**PEST CONTROL DEALER BUSINESS LICENSE
RENEWAL INFORMATION REQUIREMENTS**

PR-PML-134 (EST.7/01)

DEPARTMENT OF PESTICIDE REGULATION
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>

A. Officer/Owner Information	Fax #	E-mail address	Business Phone Number
Officer/Owner Name 1.		Title	
2.			
3.			
4.			

C. Pest Control Sales Information

Please indicate what type of product your pest control dealer business sells.

Check the appropriate box(es).

- Sell Agricultural Use Pesticides.
- Sell California or Federal Restricted Use Pesticides.
- Sell California or Federal Restricted Use Pesticides and Agricultural Use Pesticides.
- Sell Antifouling Paints or Coatings Containing Tributyltin.
- Sell Non-Agricultural Use Pesticides.
- Sell Methods or Devices (such as Biological Control Agents, Lures or Insect Trapping Devices) for the Control of Agricultural Pests.

VISA / MASTERCARD TRANSACTION



INSTRUCTIONS:

1. For conducting transactions using VISA or MasterCard only. No other cards are accepted.
2. Complete **ALL** cardholder information.
3. If you have any questions, please call the Licensing and Certification Program at (916) 445-4038.
4. Mail your completed application with this form to the appropriate address below:

Licensees:

ATTN: Cashier
 Department of Pesticide Regulation
 P.O. Box 4015
 Sacramento, CA 95812-4015

Continuing Education Sponsors:

Cashier
 ATTN: CE
 Department of Pesticide Regulation
 P.O. Box 1379
 Sacramento, CA 95812

5. **DO NOT FAX** this form to DPR

NAME OF CARDHOLDER (NAME APPEARING ON THE BANK CARD)										CHECK ONE <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard		TODAY'S DATE																				
BANK CARD NUMBER (16 DIGITS)		<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td> </tr> </table>																											BANK CARD EXPIRATION DATE		TOTAL AMOUNT OF PAYMENT \$ _____ . _____	
												TELEPHONE NUMBER () _____																				

 SIGNATURE OF CARDHOLDER (NAME APPEARING ON THE BANK CARD)

 FOR PAYMENT OF:

 NAME OF LICENSEE OR SPONSOR

 MAILING ADDRESS (Street or P.O. Box Number)

 (City, State, and ZIP Code)

(DEPARTMENT USE ONLY) - ENTERED ON POS BY:	TODAY'S DATE	DATE MAILED	BY
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