

Pest Control Broker License Renewal Application Packet

2024 Renewal Information for Business License Holders

Dates for Renewal

October 1, 2024	DPR encourages submitting completed renewal applications to DPR by this date to best ensure you receive your new license/certificate before January 1, 2025.
November 1, 2024	Processing time is 60 days for applications with payments processed by this date. Applications received after Nov 1 may experience a longer processing time and you may not receive your license/certificate by January 1.
January 1, 2025	Your license/certificate must be renewed by this date to continue working legally and without interruption.

Mailing of Renewal Packets

DPR is mailing renewal packets in September to provide sufficient time for business license holders to submit their applications by October 1. Renewal applications must be postmarked on or before December 31, or a late fee applies.

If you did not receive your renewal application or misplaced it, download a renewal packet from DPR's website:



Business License Renewal Application

The following forms will be included in the renewal packet:

- Renewal Application
- Business License Renewal Information
- Visa/MasterCard Transaction

Renewal applications must be filled out completely, signed by the qualified applicator or business owner, and submitted with the correct fee.

Financial Responsibility

Submit a copy of each policy with your business renewal application

- Proof of valid Chemical Liability Insurance
- Proof of valid Workers' Compensation Insurance if you have employees

Check your renewal status on DPR's Valid License List Web page:



Qualified Applicators

A qualified applicator cannot supervise the operations of more than one main or branch location.

Note: Your qualified applicator's renewal must be processed before the business license can be renewed. DPR recommends sending the business renewal and the qualified applicator renewal in together and sending them in early to best ensure they are processed timely, late fees are avoided, and your business remains licensed.

Address Changes

Always notify DPR in writing immediately of any address or name changes. When emailing DPR it is best to include your full name, business name, as well as your DPR Business License Number.

Name Changes

Always notify DPR immediately of any changes regarding the name of your business.

Note: A name change may affect your renewal cycle and additional fees may apply.

Ownership or Entity Type Changes

Licenses are not transferable. You must notify DPR immediately of any changes in ownership or entity type. Typically, you will need to re-apply as a new applicant and pay the appropriate fees.

Questions about your application?

For questions regarding your application please email DPR at: LicenseMail@cdpr.ca.gov



DPR Electronic Mailing List

Sign up for important information and updates from DPR about Licensing and CE

License or Certificate Type	DPR Staff Name and Contact Information
General Questions	LicenseMail@cdpr.ca.gov
Pest Control Businesses	Alpha: A-D, S-Z Regina Maglia Regina.Maglia@cdpr.ca.gov
	Alpha: E-R Heather Allen Heather.Allen@cdpr.ca.gov

When emailing DPR, it is best to include your full name, your business name, and your DPR Business License Number, as well as any payment processing information that you have.

Pest Control Broker License Renewal Application

LIC-190 (Rev. 07/24)

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PO Box 4015

Sacramento, CA 95812-4015

E-Mail: LicenseMail@cdpr.ca.gov

Web site: <http://www.cdpr.ca.gov>

Business License Number: _____

Business Name: _____

Address: _____

City, State, ZIP: _____

Name Change	Mailing Address Change
_____	_____
_____	_____
Enter Changes Above	

Important – Please Read

Complete **all** fields below. See page 2 for complete instructions.

License Information.

Main / Branch License Number	Main / Branch Location Address
_____	_____
_____	_____
_____	_____
_____	_____

Fees. Enclose a check, money order, or credit card information for the total amount due. Make payable to "Cashier, DPR." Mail the payment, completed application form, and proof of financial responsibility documents to: Department of Pesticide Regulation, Attn: Cashier MS-4A, PO Box 4015, Sacramento, CA 95812-4015. All fees are non-transferable and non-refundable.

Amount Enclosed: \$ _____

E-Mail Contact (optional). Please provide your E-Mail address below:

E-Mail Address

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	Print Name	Title	Date Signed

Pesticide Broker License Renewal Application Instructions

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

Instructions: To help ensure that your renewal application is completed in full prior to mailing, review the following:

Changes in Information: Verify that the information provided is correct. 3CCR Section 6508 requires all license / certificate holders to notify DPR immediately, in writing, of any change in information required on the application. Indicate any corrections to the information included on the front of the renewal form in the space provided.

Licenses are not transferable. A new application and fee are required for a change of business organization (Corporation, Partnership, Individual, Non-Profit, Limited Liability, and Limited Liability Partnership), or ownership.

Fees: All fees are non-transferable and non-refundable. Fees must be paid for each pesticide broker license. A late penalty fee of fifty percent (50%) of the renewal fee will be assessed for each license **postmarked after December 31**. Enclose a check, money order, or credit card information payable to "DPR Cashier."

License Renewal (2 Year) and Late Penalty Fees

	Renewal	Late Fee		Renewal	Late Fee
Pest Control Broker License (Main)	\$40	\$20	Pest Control Broker License (Branch)	\$40	\$20

Declaration / Signature: Sign here to indicate that all of the information submitted is true and correct. Signature must be owner, officer, or QAL holder.

Mailing Instructions: Send the completed renewal application and required documents to:

Department of Pesticide Regulation
 Attn: Cashier MS-4A
 PO Box 4015
 Sacramento, CA 95812-4015

Questions? Your business name and license number will be posted to [the valid license list on DPR's web site](#) as soon as your application is approved and logged into the database. For other questions about your application, please contact the Licensing and Certification Program at (916)445-4038 or by E-Mail at LicenseMail@cdpr.ca.gov.

STATE OF CALIFORNIA
PEST CONTROL BROKER BUSINESS
LICENSE RENEWAL INFORMATION
PR-PML-134B (REV 4/18)

DEPARTMENT OF PESTICIDE REGULATION
PEST MANAGEMENT AND LICENSING BRANCH
LICENSING AND CERTIFICATION PROGRAM
P.O. BOX 4015, MS-4A
SACRAMENTO, CA 95812-4015
(916) 445-4038
E-mail: LicenseMail@cdpr.ca.gov
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.			

B. Pest Control Sales Information

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

Check the appropriate box(es).

Sell Agricultural Use Pesticides.

Sell California Restricted Materials or Federal Restricted Use Pesticides.

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.

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Licensing Visa / Mastercard Transaction Form



Complete this payment form and mail with completed application form(s) to:

ATTN: Cashier
 Department of Pesticide Regulation
 PO Box 4015
 Sacramento, CA 95812-4015

All sections must be completed. Do not e-mail or fax this form. Electronically received forms will not be accepted.

Failure to complete all sections of this form will result in your application and payment being delayed or rejected.

Cardholder Information.

Name (as it appears on the card)	Telephone Number ()
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Card Information. (Visa and Mastercard only. No other cards are accepted)

Card Type (check one): <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard															
Card Number (16 digits):															
Expiration Date:															
Billing ZIP Code:															
Total Amount of Payment: \$															

Signature of Cardholder

Billing Address (Street or PO Box Number)

City	State	ZIP Code
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If the cardholder is not the licensee, or if the cardholder is paying for multiple licensees, indicate who the payment is for below. Please attach an additional sheet if needed.

1) Licensee Name	4) Licensee Name
License Number (if applicable):	License Number (if applicable):
2) Licensee Name	5) Licensee Name
License Number (if applicable):	License Number (if applicable):
3) Licensee Name	6) Licensee Name
License Number (if applicable):	License Number (if applicable):

(Department Use Only) – Entered on POS by:	Date Entered:	Date Mailed:	Mailed By:
Notes:			