

Individual License/Certificate Renewal Application Packet

2025 Renewal Information for DPR License and Certificate Holders

Dates for Renewal

October 1, 2025	DPR encourages submitting completed renewal applications to DPR by this date to best ensure you receive your new license/certificate before January 1, 2026.
November 1, 2025	Processing time is up to 60 days for applications with payments processed by this date. Applications received after November 1 may experience a longer processing time and you may not receive your license/certificate by January 1.
January 1, 2026	Your license/certificate must be renewed by this date to continue working legally and without interruption.

Address or Name Changes

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

Mailing of Renewal Packets

DPR is mailing renewal packets in August to provide sufficient time for license and certificate 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.



Qualified Person for Business

Business applications are held until the Qualified Person's license or certificate has processed. It is best to submit the Business and Qualified Person's individual application by October to allow time to register with the county before the New Year.

Individual License and Certificate Renewal

The following forms will be included in the renewal packet:

- Renewal Application
- License/Certificate Renewal Information
- CE Records Renewal Summary
- Visa/MasterCard Transaction

Renewal applications need to be signed and must include the required CE records summary and correct fee.

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



Continuing Education

You must retain copies of your CE records for three years. DPR may request copies of your CE records to audit at any time.

Your CE records must include:

- License/Certificate holder's name
- License/Certificate number and type
- Course location
- Course title
- Course date
- DPR course I.D. code
- Course hours attended for each CE category
- Name of instructor or sponsoring organization
- Your signature

The CE Record Renewal Summary (LIC-141 Page 2) is now a required document. Submit this form with your renewal application.

General Information about CE Courses

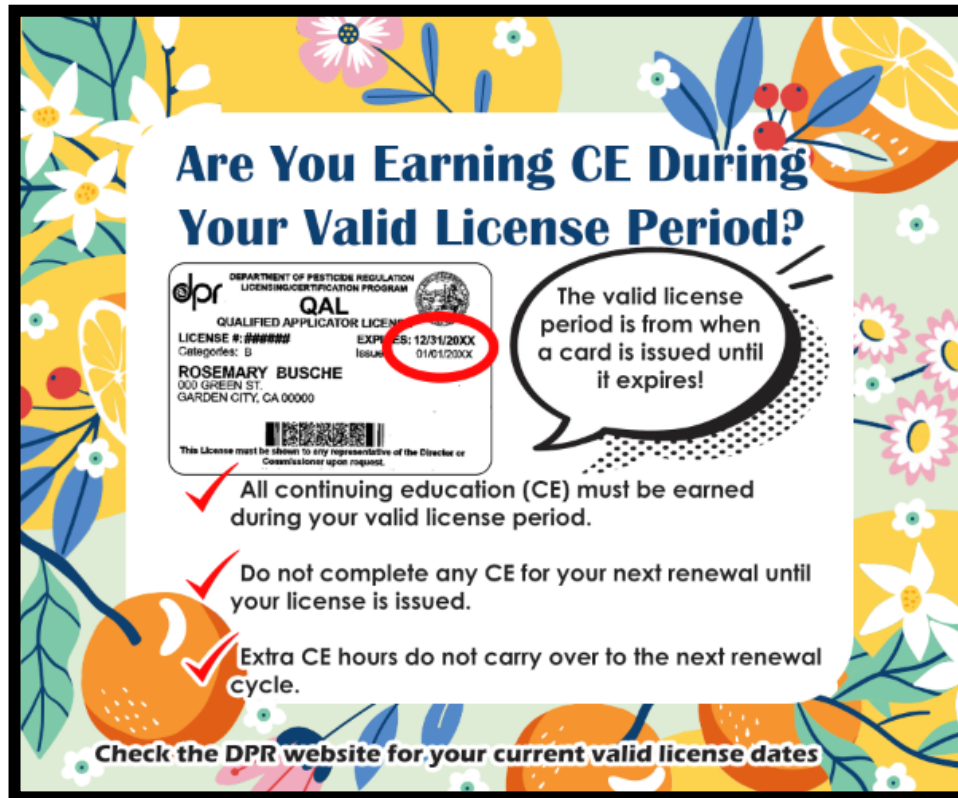
DPR-approved CE hours must be obtained during the valid period of the license or certificate. The valid period is listed on the license or certificate (from the 'date of issue' until the 'valid through' date). No grace period is given to obtain CE hours. No CE hours can be carried over to the next renewal period.

If renewing multiple licenses or certificates, you only need sufficient CE hours to meet the license/certificate with the most CE hours required.

Questions about your application?

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

Stay updated on DPR licensing with GovDeliveries like this:



What you'll get when you subscribe to our free e-mail list:



- Renewal Reminders
- Regulatory Changes
- Licensing Updates

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Or scan the QR code to sign up:



And select "Licensing & Certification (Individuals & Businesses)"

Individual License/Certificate Renewal Application

LIC-141 (Rev. 07/24) Page 1 of 3

Department of Pesticide Regulation
Licensing and Certification Program
PO Box 4015
Sacramento, California 95812-4015
E-Mail: LicenseMail@cdpr.ca.gov
Web site: <http://www.cdpr.ca.gov/>

Return application and continuing education (CE) hours by mail.

The mailing address indicated on this application is your address of record for your license/certificate, therefore, it is public information.
To use a post office box in lieu of the physical address or to submit any other address change, indicate in box below.

License/Certificate Holder Information	Employer/Business Information
Name: _____	Employer/Business Name: _____
Address: _____	_____
City, State, ZIP: _____	_____
Cell or Home Phone Number: _____	Business Phone Number: _____
E-Mail Address: _____	
<input type="checkbox"/> Information is Correct <input type="checkbox"/> Information has Changed (see below)	<input type="checkbox"/> Information is Correct <input type="checkbox"/> Information has Changed (see below)

Information Corrections
License/Certificate Holder Information: _____
Employer/Business Information: _____

For Complete Instructions, See Page 3.
CE hours must be completed by the expiration date on your license/certificate.

Continuing Education.							
- Excess "Laws" hours can be used towards "Other." Only pest control aircraft pilots may use excess "Aerial" hours towards "Other."							
Current License/Certificate Number(s), Type, and Category(ies)	Renewal License/ Certificate? (Circle Y or N)	Required CE hours to renew all licenses and certificates				Renewal Fees	Late Fees
		Laws	Aerial	Other	Total CE Hours	Postmarked on or before 12/31	Postmarked after 12/31 (see page 3)
	Y / N					\$	
	Y / N					\$	
	Y / N					\$	
	Y / N					\$	
		Laws	Aerial	Other	Total CE Hours	Total Due (Include late fees if applicable)	
Enter the number of CE hours you have completed.							

Continuing Education Record Renewal Summary.	
Submit a Continuing Education Record Renewal Summary located on page 2 of this application.	
Fees. All fees are non-transferable and non-refundable.	
Medical Certificate Card. Manned Apprentice and Journeyman Pilots must submit a copy.	
Vector Control Technician certification (Category B). Unmanned Vector Control Technician Pilots must submit a copy.	
I declare under penalty of perjury, under laws of the State of California, that the submitted information is true and correct.	
Signature _____	Date Signed _____

Instructions (Electronic fillable copies of this form are available on DPR's website.)

1. Before the "Continuing Education Course Information" section, enter the following: applicant name, certificate/license type, and certificate/license number. For each approved continuing education (CE) course completed, enter the following: title of course, name of CE sponsor, DPR course I.D. code, location of course, course completion date, and hours attended in each CE category. CE hours must be DPR-approved courses and obtained during the valid period of your license/certificate. Excess CE hours cannot be carried over to your next renewal period. You must meet the minimum required CE hours for "Laws," and "Aerial," if required; extra hours in "Laws" may be applied towards "Other." Only pest control aircraft pilots may use excess "Aerial" hours towards "Other." In the boxes located in the bottom right-hand corner, enter the total number of CE hours you have completed for the current renewal period. The Continuing Education Record Renewal Summary form must be returned with your renewal application. If the information on this form is incomplete, the processing of your renewal will be delayed. Use an additional sheet of this form if necessary.

2. **Do not** submit application and fee unless all required CE hours have been completed. If you fail to complete the required minimum CE hours by December 31 of your expiration year, you will be required to re-examine in laws and regulations, as well as categories you want to hold. A person who violates California's pesticide laws and regulations including making a false or fraudulent statement, record, report, or use any fraud or misrepresentation with meeting any license requirement is subject to penalties up to \$5,000 per violation; this includes falsifying a CE record.

			CE Hours Completed				
Applicant Name		Certificate/License Type	Certificate/License Number	Laws and Regulations (L)	Aerial Application and Techniques (A)	Other (O)	Total Hours (T)
Continuing Course Education Information							
Course Title		DPR Course I.D. Code		(L)	(A)	(O)	(T)
Name of CE Sponsor		Course Completion Date					
Location (City and State)							
Course Title		DPR Course I.D. Code		(L)	(A)	(O)	(T)
Name of CE Sponsor		Course Completion Date					
Location (City and State)							
Course Title		DPR Course I.D. Code		(L)	(A)	(O)	(T)
Name of CE Sponsor		Course Completion Date					
Location (City and State)							
Course Title		DPR Course I.D. Code		(L)	(A)	(O)	(T)
Name of CE Sponsor		Course Completion Date					
Location (City and State)							
Course Title		DPR Course I.D. Code		(L)	(A)	(O)	(T)
Name of CE Sponsor		Course Completion Date					
Location (City and State)							
Course Title		DPR Course I.D. Code		(L)	(A)	(O)	(T)
Name of CE Sponsor		Course Completion Date					
Location (City and State)							
Course Title		DPR Course I.D. Code		(L)	(A)	(O)	(T)
Name of CE Sponsor		Course Completion Date					
Location (City and State)							
Course Title		DPR Course I.D. Code		(L)	(A)	(O)	(T)
Name of CE Sponsor		Course Completion Date					
Location (City and State)							
Course Title		DPR Course I.D. Code		(L)	(A)	(O)	(T)
Name of CE Sponsor		Course Completion Date					
Location (City and State)							
Total CE Hours							

Individual License/Certificate Renewal Application Instructions

LIC-141 (Rev. 07/24) Page 3 of 3

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

DPR will only disclose personally identifiable information, such as home phone number and personal email address, to third parties as required by state or federal law or regulation and consistent with the Information Practices Act (Civ. Code, sections 1798-1798.78).

Changes in Information: License/certificate holders shall notify DPR immediately of any changes in information including, but not limited to: name changes, address changes, phone number changes, and employer/business information changes. Name changes shall include a copy of government-issued identification as proof of identity and name change. This proof of identity shall include the individual's previous name and their new name. Indicate any corrections to the information included on the front of the renewal form in the space provided.

License(s)/Certificate(s) to be renewed: Verify or list all license(s) and/or certificate(s) to be renewed.

Submit a Continuing Education Records Renewal Summary form located on page 2 of this application. [Electronic fillable copies of this form](#) are also available on DPR's website. Please note the following when submitting CE hours:

- CE hours must be DPR-approved courses and obtained during the valid period of your license/certificate.
- Excess CE hours cannot be carried over to your next renewal period.
- You must meet the minimum required CE hours for "Laws," and "Aerial," if required; extra hours in "Laws" may be applied towards "Other." Only pest control aircraft pilots may use excess "Aerial" hours towards "Other."
- If renewing multiple licenses or certificates, you only need to complete CE hours for the license or certificate with the most CE hours required, including specific category hours required (e.g. "Aerial").

Medical Certificate Card (Manned Apprentice and Journeyman Pilots Only): Submit a copy of your valid medical certificate card issued by the Federal Aviation Administration. DPR requires this information to determine compliance with Food and Agricultural Code Section 11901(a).

Department of Public Health Vector Control Technician certification (Category B-mosquito): Unmanned Vector Control Technician pilots are required to submit a copy of their certification.

Fees: All fees are non-transferable and non-refundable. Fees must be paid for each renewed license and/or certificate. A late penalty fee of fifty percent (50%) of the renewal fee will be assessed for each license and/or certificate **postmarked after December 31.**

License Renewal (2 Year) and Late Penalty Fees

License Type	Fee	Late	License Type	Fee	Late
Agricultural Pest Control Adviser	\$320	\$160	Qualified Applicator Certificate	\$140	\$70
Qualified Applicator License	\$270	\$135	Dealer Designated Agent License	\$110	\$55
Pest Control Aircraft Pilot Certificate, Manned	\$200	\$100	Pest Control Aircraft Pilot Certificate, Unmanned	\$200	\$100

Declaration/Signature: Sign here to indicate that all of the information submitted is true and correct.

Payment: Enclose a check or money order payable to "Cashier, Department of Pesticide Regulation" or credit card payment.

Mail:

- Send payment;
- Completed renewal application form including the Continuing Education Records Renewal Summary form;
- Pilot's Federal Aviation Administration medical certificate or Vector Control certification (if applicable); and
- Mail to:

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

Questions? Your name and license/certificate 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.

License/Certificate Renewal Information

Providing this information is optional
(please complete the appropriate information below for license/certificate)

A. LICENSE/CERTIFICATE HOLDER INFORMATION

Name:

First

Last

E-mail Address:

Home/Cell Phone:

B. EMPLOYER/BUSINESS INFORMATION

Employer/Business Name:

Business Phone:

Address

City

State

Zip Code

C. TYPE OF EMPLOYER/BUSINESS (Please check the appropriate boxes)

☐ Currently inactive in pest control work.

☐ Work for governmental agency.

☐ City

☐ County

☐ State

☐ Federal

☐ Work for special government district.

☐ Irrigation District

☐ School District

☐ Mosquito Abatement

☐ Other: _____

☐ Work for a company that does its own pest control and does not offer its pest control services for hire to other persons.

☐ Work for or own a Pest Control Business (check applicable ones):

☐ Maintenance Gardener Pest Control Business Pest

☐ Pest Control Business (for hire) - Aerial

☐ Control Business (for hire) - Ground

☐ Manufacturing/Distributing Chemical Company

☐ Farm Labor Company

☐ Pesticide Dealer Business

☐ Other: _____

☐ Independent Agricultural Pest Control Adviser

D. CLASSIFICATION OF PESTICIDES

Please indicate the classification of pesticide(s) you may recommend, sell or supervise the use of, by checking the appropriate box(es) below.

☐ Federal Restricted Use Pesticides

☐ General Use Pesticides

☐ California Restricted Materials

☐ Not involved with application or supervising the use of pesticides

E. COUNTY REGISTRATION INFORMATION

Please indicate the county(ies) you will be working in by checking the appropriate box(es) below:

☐ 1. Alameda

☐ 10. Fresno

☐ 19. Los Angeles

☐ 28. Napa

☐ 37. San Diego

☐ 46. Sierra

☐ 55. Tuolumne

☐ 2. Alpine

☐ 11. Glenn

☐ 20. Madera

☐ 29. Nevada

☐ 38. San Francisco

☐ 47. Siskiyou

☐ 56. Ventura

☐ 3. Amador

☐ 12. Humboldt

☐ 21. Marin

☐ 30. Orange

☐ 39. San Joaquin

☐ 48. Solano

☐ 57. Yolo

☐ 4. Butte

☐ 13. Imperial

☐ 22. Mariposa

☐ 31. Placer

☐ 40. San Luis Obispo

☐ 49. Sonoma

☐ 58. Yuba

☐ 5. Calaveras

☐ 14. Inyo

☐ 23. Mendocino

☐ 32. Plumas

☐ 41. San Mateo

☐ 50. Stanislaus

☐ 6. Colusa

☐ 15. Kern

☐ 24. Merced

☐ 33. Riverside

☐ 42. Santa Barbara

☐ 51. Sutter

☐ 7. Contra Costa

☐ 16. Kings

☐ 25. Modoc

☐ 34. Sacramento

☐ 43. Santa Clara

☐ 52. Tehama

☐ 8. Del Norte

☐ 17. Lake

☐ 26. Mono

☐ 35. San Benito

☐ 44. Santa Cruz

☐ 53. Trinity

☐ 9. El Dorado

☐ 18. Lassen

☐ 27. Monterey

☐ 36. San Bernardino

☐ 45. Shasta

☐ 54. Tulare

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
()

Card Information. (Visa and Mastercard only. No other cards are accepted)

Card Type (check one): ☐ Visa ☐ 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

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: