

Pest Control Business Renewal Application**Business Information**

Check if Information is Correct

Business License Number: _____

Business Name: _____

Address: _____

City, State, ZIP: _____

E-Mail Address: _____

Business Phone Number: _____

Owner Information

Check if Information is Correct

Owner Name: _____

Owner E-Mail: _____

Owner Phone Number: _____

List information for additional owners on a separate sheet of paper, if necessary.

Officer Information Check if Information is Correct

Officer Name: _____

Officer E-Mail: _____

Officer Phone Number: _____

List information for additional officers on a separate sheet of paper, if necessary.

Information Corrections

(If above information is incorrect, include updated information here.)

Business Information Changes: _____**Owner Information Changes:** _____**Officer Information Changes:** _____**Important - Please Read**

Complete all fields below, see page 2 for complete instructions.

Qualified Applicator. Each business location must have a qualified applicator who possesses a valid Qualified Applicator License with the appropriate pest control category(ies) to engage in pest control work from each location. If you need additional space, attach a separate sheet of paper.

Main / Branch License Number**Main / Branch Location Address****Qualified Applicator's Name, License Number, and Category(ies) (i.e., A, B, C)**

The Qualified Applicator's License must be renewed before the Business License is renewed.

Worker's Compensation Insurance. If you have employees, provide the name of the Worker's Compensation Insurance Carrier, policy number, and policy expiration date. If you do not have employees please note 'no employees' in the carrier name field below.

Worker's Comp. Insurance Carrier Name

Policy Number

Expiration Date

Financial Responsibility Requirement (check one). Submit current financial responsibility documents with your renewal.

I have complied with this requirement by obtaining a surety bond or certificate of deposit, in an amount not less than what is specified in the financial responsibility requirements (3CCR section 6524)

I have complied with this requirement by obtaining liability insurance, through the following expiration date, in an amount not less than what is specified in the financial responsibility requirements (3CCR section 6524)

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.

Main Fee: \$ 720**Total Fee (on or before 12/31): \$****Branch Fee(s) (\$ 360 per Branch): \$****Total Fee (w/ 50% late fee) if postmarked after 12/31: \$**

Amount Enclosed: \$ _____

I declare under penalty of perjury, under laws of the State of California, that the information submitted is true and correct. (Signature must be owner, officer, or QAL holder.)

Signature

Print Name

Title

Date Signed

Pest Control Business Renewal Application Instructions

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

Instructions: To ensure that your renewal application is completed before 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 including, but not limited to: business name changes, owner changes, and officer changes (this includes E-Mail, phone number, and address). Indicate any corrections to the information included on the front of the renewal form in the space provided. Include additional owners or officers information not stated on a separate sheet of paper, if necessary.

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.

Qualified Applicator. Each pest control business location (Main or Branch) must have a qualified applicator who possesses a valid Qualified Applicator License (QAL) with the appropriate pest control category(ies) to engage in pest control work from each location. Provide the name(s), license number and category(ies) of the qualified applicator who is responsible for supervising the pest control operations at each location. If additional space is needed, attach a separate sheet of paper. **If the Qualified Applicator's license is expiring this year, the license must be renewed before the business can be renewed.** The QAL can only supervise one Pest Control Business Main or Branch location.

Worker 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, complete the information on the renewal form; otherwise indicate 'no employees'.

Financial Responsibility Requirement. This requirement must be met. Provide a copy of the documents that meet the requirements of Food and Agriculture~~real~~ Code Section 11702(c)(2) and 3CCR Section 6524. The Pest Control Business license will not be renewed without meeting this requirement.

Fees. All fees are non-transferable and non-refundable. Fees must be paid for each pest control business license location (Main and Branch) as totaled on the renewal form. 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 Business (Main)	\$720	\$360	Pest Control Business (Branch)	\$360	\$180

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

Mail. Send payment, completed renewal application form, and all proof of financial responsibility documents to:

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

Your license number will be posted to [the valid license list on DPR's web site](#) as soon as your license is renewed.