

# Pest Control Business Renewal Application Packet

## 2023 Renewal Information for Business License Holders

### Dates for Renewal

October 1, 2023	DPR encourages submitting completed renewal applications to DPR by this date to best ensure you receive your new license/certificate before January 1, 2024.
November 1, 2023	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, 2024	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](mailto: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	<a href="mailto:LicenseMail@cdpr.ca.gov">LicenseMail@cdpr.ca.gov</a>
Pest Control Businesses	Alpha: A-D, S-Z Regina Maglia <a href="mailto:Regina.Maglia@cdpr.ca.gov">Regina.Maglia@cdpr.ca.gov</a>
	Alpha: E-R Heather Allen <a href="mailto:Heather.Allen@cdpr.ca.gov">Heather.Allen@cdpr.ca.gov</a>

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 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.

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 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 "DPRCashier."

### License Renewal (2 Year) and Late Penalty Fees

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

**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.

## 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:															
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:			