

PEST CONTROL BUSINESS RENEWAL APPLICATION Pest Control Business Renewal Application

DPR-PML-LIC-192 (REV. 04/14/23)

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DEPARTMENT OF PESTICIDE REGULATION Department of Pesticide Regulation
PEST MANAGEMENT AND LICENSING
BRANCH LICENSING AND CERTIFICATION PROGRAM Licensing and Certification Program
P.O. BOX 4015 SACRAMENTO Sacramento, CALIFORNIA 95812-4015
(916) 445-4038
E-Mail: LicenseMail@cdpr.ca.gov
Web site: http://www.cdpr.ca.gov

Business Information

Check if Information is Correct

Business License Number: _____
Business Name: _____
Address: _____
City, State, Zip: _____
E-Mail Address: _____
Business Phone Number: _____

Name Change Mailing Address Change

Enter Changes Above

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 Important - Please Read

COMPLETE ALL FIELDS BELOW - SEE PAGE 2 FOR COMPLETE INSTRUCTIONS 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) <small>(The Qualified Applicator's license must be renewed before the Business License is renewed.)</small>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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
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)

X	X	X
INSURANCE CARRIER NAME	POLICY NUMBER	EXPIRATION DATE

Fees.Fees. Enclose a check, money order, or credit card information for the total amount due. Make payable to "~~DPR-Cashier.Cashier, DPR~~". Mail the payment, completed application form, and proof of financial responsibility documents to: ~~Department of Pesticide Regulation, P.O. Box 4015 MS 4A, Sacramento, CA 95812-4015.~~ **Cashier, Department of Pesticide Regulation, Attn: Cashier MS-4A, PO Box 4015, Sacramento, CA 95812-4015. ALL FEES ARE NON TRANSFERABLE AND NON REFUNDABLE.** 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** submitted is true and correct. **(Signature must be owner, officer, or QAL holder.)**

~~SIGNATURE~~Signature

~~PRINT NAME~~Print Name

~~TITLE~~Title

~~DATE SIGNED~~Date Signed

Instructions on Page 2

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INSTRUCTIONSnstructions

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

INSTRUCTIONSInstructions: To ensure that your renewal application is completed before mailing, review the following:

Change of Name/Address.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.-
~~Indicate any corrections that appear on 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.~~
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.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.**~~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 (1) Pest Control Business Main or Branch.~~
The QAL can only supervise one Pest Control Business Main or Branch location.

Worker Compensation Insurance.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.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.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, title, and date the renewal application form.~~
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.Mail. Send payment, completed renewal application form, and all proof of financial responsibility documents to:

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

Your license number will be posted to ~~DPR's web site <<http://www.cdpr.ca.gov/docs/license/currlic.htm>>~~ [the valid license list on DPR's web site](#) as soon as your license is renewed.