

QUALIFIED APPLICATOR LICENSE APPLICATION Qualified Applicator

License Application

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

The mailing address you indicate on this application is your address of record for your license, therefore it is public information. You may wish to use a post office box in lieu of a physical address.

A. Application Type. A. Application Type. Check the appropriate box(es). FOR COMPLETE INSTRUCTIONS, SEE PAGE For complete instructions, see page 2.

- NEW APPLICATION New Application (New Application Fee of \$80 is required and a copy of valid government-issued documentation - See Instructions in Section G.)
REEXAMINATION - FAIL OR NO SHOW ON PREVIOUS EXAM Reexamination - Fail or No Show on Previous Exam
ADDING PEST CONTROL CATEGORY(IES) Adding Pest Control Category(ies)

B. Applicant Information. B. Applicant Information.

NAME (Last) Name (Last) (First) (First) (Middle-Initial) (Middle Initial) QAL NUMBER (License/Application #) (if applicable) Date of Birth (mm/dd/yyyy) HOME PHONE NUMBER () QAL Number (if applicable)
MAILING ADDRESS (Number and Street or P.O. Box) Mailing Address (Number and Street or PO Box) WORK PHONE NUMBER () Work Phone Number
(City) (City) (County) (County) (State) (State) (ZIP Code) (ZIP Code) CELL PHONE NUMBER () Cell or Home Phone Number
CURRENT EMPLOYER (Check only one box) Current Employer (Check only one box) E-MAIL ADDRESS E-Mail Address
City County State Federal Pest Control Business Maintenance Gardener Other or N/A
City County State Federal Pest Control Business Maintenance Gardener Other or N/A
EMPLOYER NAME AND MAILING ADDRESS Employer Name and Mailing Address (If Applicable) (Number and Street or P.O. Box, City, State, ZIP Code)

C. Examination - Laws, Regulations and Basic Principles. C. Examination - Laws, Regulations, and Basic Principles.

- Laws, Regulations, and Basic Principles \$50 No fee or examination is required if you:
This examination must be passed along with one or more categories in Section D below to become a QAL. This examination must be passed along with one or more categories in Section D to obtain a QAL.
(1) Have a valid PCA, APC, or JPC, or QAL License/Certificate Number:
OR
(2) Have passed this exam within the last 12 months Application #:

D. Examinations - Categories. D. Examination - Categories. Indicate the examination(s) you want to take by checking the appropriate boxes. One or more of the following exams must be passed along with addition to the exam in Section C above to become a QAL. Only You may only select a maximum of four (4) examinations may be taken at one time per application (including Laws, Regulations, and Basic Principles).

- (A) Residential, Industrial, and Institutional \$50
(B) Landscape Maintenance \$50
(C) Right-of-Way \$50
(D) Plant Agriculture \$50
(E) Forest \$50
(F) Aquatic \$50
(G) Regulatory \$50
(H) Seed Treatment \$50
(I) Animal Agriculture \$50
(J) Demonstration and Research \$50
(K) Health Related \$50
(L) Wood Preservation/Soil Fumigation \$50
(M) Antifouling/Tributyltin/Non-Soil Fumigation \$50
(N) Sewer Line Root Control \$50
(O) Field Fumigation \$50
(P) Microbial \$50

E. Examination Schedule. E. Examination Schedule. To complete this section, see DPR's Web site for the examination schedule for available months and locations. Scheduling is based on seat availability. DPR will assign the exam date. Your exam date and location choices are not guaranteed.

FIRST CHOICE - EXAMINATION MONTH & LOCATION First Choice - Examination Month & Location SECOND CHOICE - EXAMINATION MONTH & LOCATION Second Choice - Examination Month & Location

F. Reasonable Accommodation. F. Reasonable Accommodation.

Check if you need reasonable accommodation to take an written exam.

G. Fees. All fees are non-transferable and non-refundable. G. Fees. All fees are non-transferable and non-refundable. (Make check payable to "DPR Cashier")

Table with 3 columns: Description, Amount, Total Amount. Rows include New Application Fee, Laws, Regulations, and Basic Principles Examination Fee, Category(ies) Examination Fee(s), and Total Fees Due.

H. Read Before Signing. During the last three years have you had any administrative, civil, or criminal action taken against you for violation of any State or federal laws or regulations relating to the application or use of pesticides that resulted in disciplinary action or in which any disciplinary action is pending?

YESes (Attach explanation on separate page-)

NOo

I. I declare under penalty of perjury, under laws of the State of California, that the information submitted is true and correct. I. I declare under penalty of perjury, under laws of the State of California, that the information submitted is true and correct.

APPLICANT SIGNATURE Applicant Signature

DATE SIGNED Date Signed

QUALIFIED APPLICATOR LICENSE APPLICATION INSTRUCTIONS Qualified Applicator License

Application Instructions

DPR-PML-LIC-001 (REV. 04/18/07/23)

Page 2 of 2

Failure to complete or provide the requested information will 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).

A. Application Type: Check the appropriate box(es).

New Application: If you:

- ✓ *Are applying for a Qualified Applicator License for the first time.
- ✓ Failed to obtain your license within 12 months from the first date of your scheduled examination.
- ✓ Failed to meet the renewal requirements.

*Applications for a new license shall include an attached copy of valid government-issued documentation verifying that the applicant will meet the required minimum age of 18 years old prior to admission to the examination. The applicant's name included on the submitted application shall match the name stated on the valid government-issued documentation submitted.

Reexamination: Scheduling an examination on which you failed to obtain a passing score or failed to appear for a previously scheduled examination.

Add Pest Control Category(ies): Requesting to take pest control category examinations not yet taken. If passed, the category(ies) will be added to your existing license.

B. Applicant Information: Enter your name (name shall match the submitted valid government-issued documentation); Qualified Applicator License or Application Number (if applicable); date of birth; mailing address; e-mail address; ~~home; work; and cell~~ or home and work phone numbers; employment type; and current employer (if applicable).

C. Examination - Laws, Regulations, and Basic Principles: ~~This examination is required of all new QAL applicants.~~ This examination is required of all new QAL applicants.

Exemptions: (Check the appropriate box, if applicable) No fee or examination is required if you: have a valid Pest Control Adviser License (PCA), Journeyman Pilot Certificate (JPC), ~~or~~ Apprentice Pilot Certificate (APC), or Qualified Applicator License (QAL). To qualify for this exemption you must enter the number from your current license or certificate next to the (1) exemption, ~~OR~~ or (2) have passed the Laws, Regulations, and Basic Principles exam within the past 12 months. A Qualified Applicator Certificate (QAC) does not meet the exemption requirements.

D. Examination - Category(ies): Indicate the category(ies) you want to take by checking the appropriate box(es). In addition to the Laws, Regulations, and Basic Principles examination, each new applicant must successfully pass at least one of the pest control categories (A-~~PM~~) before a Qualified Applicator License is issued. You may only select a maximum of four (4) examinations ~~may be scheduled~~ per ~~location~~ application, including the Laws, Regulations, and Basic Principles examination, ~~and you may only test once per month.~~ You may only apply once per month, exceptions to this are evaluated on a case by case basis. See Qualified Applicator License category descriptions and suggested study material source list in the Qualified Applicator License Application Packet ~~at~~ <www.cdpr.ca.gov/docs/license/app_packets/qal.pdf>.

E. Examination Schedule: Provide your first and second choice for taking your exam(s). Indicate the exam month and location for each choice in the appropriate boxes. Your exam date and location choices are not guaranteed. ~~Exam month and location options may be obtained from Go to DPR's Web site at: <www.cdpr.ca.gov/docs/license/exam_sched.pdf> to find current exam information. The exam schedule gives the location, schedule, and final filing dates.~~ If you selected an exam date, your application must be postmarked by the final filing date for the earliest choice you provided. DPR will assign your exam date.

F. Reasonable Accommodation: Reasonable accommodation will be provided to applicants who need assistance to take an an ~~written~~ exam. If you check "Yes", you will be contacted ~~via phone, e-mail, or mail~~.

G. Fees: All fees are non-transferable and non-refundable.

- New Application Fee: \$80.....(See Section A)
- Laws, Regulations, and Basic Principles Examination Fee: \$50.....(See Section C)
- Category(ies) Examination Fee(s): \$50 ~~per exam~~ per exam(See Section D)

H. Read Before Signing: Check appropriate box and provide explanation on separate page, if necessary.

I. Declaration/Signature Block: ~~Sign and date your application.~~ Sign here to indicate that all of the information submitted is true and correct.

Mailing Instructions: Enclose a check, money order, or credit card information payable to "Cashier, DPR" and mail to:

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

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