

PEST CONTROL DEALER
DESIGNATED AGENT
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 4015
 SACRAMENTO, CALIFORNIA 95812-4015
 (916) 445-4038
 E-Mail: LicenseMail@cdpr.ca.gov
 FAX - (916) 445-4033
 Web site: http://www.cdpr.ca.gov/

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

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

- NEW APPLICATION** New Application
 (New application fee of \$25 is required in Section E and a copy of valid government-issued documentation - See Instructions)
- REEXAMINATION - FAIL OR NO SHOW ON PREVIOUS EXAMS** Reexamination - Fail or No Show on Previous Examination

NOTE: If you currently possess a valid Agricultural Pest Control Adviser License (PCA), Qualified Applicator License (QAL), Journeyman Pest Control Pilot Certificate, or Apprentice Pest Control Pilot Certificate, you may act as a Pest Control Dealer Designated Agent.

B. Applicant Information. B. Applicant Information.

NAME (Last) (Last)	(First) (First)	(Middle-Initial) (Middle Initial)	DEALER DESIGNATED AGENT # / APPLICATION # (If Applicable) / Date of Birth (mm/dd/yyyy)	HOME PHONE NUMBER / Dealer Designated Agent # (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
EMPLOYER NAME AND MAILING ADDRESS / Employer Name and Mailing Address. (if applicable) (Number and Street or P.O. Box, City, State, Zip/P Code)				E-MAIL ADDRESS / Mail Address

C. Examination Schedule. C. Examination Schedule. To complete this section, see DPR's Web site for the examination schedule for available months and locations. 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
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D. Reasonable Accommodation. D. Reasonable Accomodation.

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

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

	Amount	Total Amount
New Application Fee (Fee is valid for 12 months)	\$25	\$ _____
Examination Fee	\$50	\$ _____
Total Fees Due		\$ _____

F. Read Before Signing. F. 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?

- YES** Yes (Attach explanation on separate page-) **NO** No

G. I declare under penalty of perjury, under laws of the State of California, that the above information is true and correct. G. 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
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PEST CONTROL DEALER DESIGNATED AGENT LICENSE APPLICATION INSTRUCTIONS

DPR-PMLIC-043 (REV. 10/18/23)

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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~~ Application Type:

New Application: If you:

- ✓ ~~*~~ Are applying for the Pest Control Dealer Designated Agent (DDA) License for the first time.
- ✓ Failed to obtain your license within 12 months from the first date you scheduled your 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.

~~NOTE: If you currently possess a valid Agricultural Pest Control Adviser License (PCA), Qualified Applicator License (QAL), Journeyman Pest Control Pilot Certificate, or Apprentice Pest Control Pilot Certificate, you may act as a Pest Control Dealer Designated Agent.~~ Note: If you currently possess a valid Agricultural Pest Control Adviser License (PCA), Qualified Applicator License (QAL), Journeyman Pest Control Pilot Certificate, or Apprentice Pest Control Pilot Certificate, you may act as a Pest Control Dealer Designated Agent.

B. ~~Applicant Information~~ Applicant Information: Enter your name (name shall match the submitted valid government-issued documentation); date of birth; application number (if applicable); mailing address; ~~email~~ E-Mail address; ~~home, work,~~ and cell or home phone numbers; and current employer information (if applicable).

C. ~~Examination Schedule~~ Examination Schedule: Provide your first and second choice. Indicate the examination 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~~ postmarked by the final filing date for the earliest choice you provided. DPR will assign your exam date.

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

E. ~~Fees~~ Fees: All fees are non-transferable and non-refundable.

New Application Fee: \$25

Examination Fee: \$50

A new application fee of \$25 is only required if you meet the criteria for a "New Application" as stated in Section A, Application Type.

An examination fee of \$50 is required for the Pest Control Dealer Designated Agent License examination you are requesting to schedule.

F. ~~Read Before Signing~~ Read Before Signing: Check appropriate box and provide explanation, if necessary.

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

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

~~Cashier, 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