

Address and/or Name Change/Replacement License Form For Businesses Only

Notify DPR of an address or name change immediately in accordance with Title 3, CCR Section 6508. DPR relies on its address files for notifying license and certificate holders of upcoming license renewal and important communications. You can notify DPR of any change by filling out this form, signing it, and submitting with the [VISA/MasterCard payment form](#), check, or money order to: Department of Pesticide Regulation, Attn: Cashier MS 4A, PO Box 4015, Sacramento, CA 95812. Please check the appropriate request.

License Type: Check one or more of the appropriate box(es).

Pest Control Business Main (PCM)	# _____	Pest Control Business Branch (PCB)	# _____
Pest Control Dealer Main (PDM)	# _____	Pest Control Dealer Branch (PDB)	# _____
Pesticide Broker License Main (PBM)	# _____	Pesticide Broker License Branch (PBB)	# _____
Maintenance Gardener Business (MGB)	# _____		

Mailing Address Change: A \$20 fee is required.

Name: _____

Previous Address: _____
(Number & Street or PO Box) (City) (State & ZIP Code) (County)

New Address: _____
(Number & Street or PO Box) (City) (State & ZIP Code) (County)

Phone Numbers: _____
(Phone) (E-mail Address)

Business Location Address Change: A \$20 fee is required.

Previous Address: _____
(Number & Street) (City) (State & ZIP Code) (County)

New Address: _____
(Number & Street) (City) (State & ZIP Code) (County)

Name Change:

Name changes require a \$20 fee and a copy of legal documentation such as certificate of corporation or fictitious business name statement. You will also need to submit updated financial responsibility documents.

Note: DPR staff will contact you for additional information, if needed.

Previous Name: _____

New Name: _____

Replacement License Only:

A replacement license requires a \$20 fee.

Print Name: _____

Signature: _____ Date: _____
(Signature must be owner, officer, or QAL holder)