

# **Pest Control Business License Packet**

Contains the following documents:

- Licensing Requirements and Fact Sheet
- Application and Instructions
- Financial Responsibility Options for Pest Control Business
- Financial Responsibility Documents:
  - ACORD Certificate of Liability Insurance (sample)
  - Certificate of Insurance
  - Pest Control Business Licensees Bond
  - Certificate of Deposit (no document is available; proof from bank issuer is required)
- Licensing Visa/Mastercard Transaction Form

**Do you need this license?**

You must possess a pest control business license if you are a person or business who performs pest control for hire (i.e., advertising, soliciting, or operating as a pest control business). This licensing requirement applies to both principle and branch locations. Types of pest control business include but are not limited to

- Businesses that perform ground, aquatic, and/or aerial pest control applications
  - Farm management or golf course management companies when their services include pest control
  - Packing houses, shippers, storage facilities, and other processors who treat agricultural commodities owned by another person or firm (does not include cooperatives)
  - Companies that perform pest control on rights-of-way, parks, golf courses, cemeteries, and nurseries
  - Companies that sanitize institutional portable lines, dairy milk lines, and other similar areas
  - Companies that treat cooling towers and evaporative condensers
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**Licensing exemption**

According to FAC section 11531, you are not required to obtain the pest control business license if your business engages in any of the following:

- Any activity that is defined as structural pest control and required to be licensed under Chapter 14 of Division 3 of the Business and Professions Code
- Preservative treatment of fabrics or structural materials
- Seed treatment which is incidental to such person's regular business
- Live capture and removal or exclusion of vertebrate pests, bees, or wasps without the use of pesticides

Also, you are exempt from obtaining this license if your business performs pest control incidental to new construction such as paving parking lots and driveways, establishing new landscapes, or building homes or other structures. However, if you use or supervise the use of restricted material pesticides, then you must possess a valid Qualified Applicator License/Certificate (QAL/QAC) with the appropriate pest control category.

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**Basic licensing requirements**

You can obtain a pest control business license by submitting the application, appropriate fee, and supporting business information and documents. The following criteria must be met **prior** to the issuance of this license:

- Financial responsibility
  - Qualified person
  - Documents required to verify your business name and type
  - Worker's compensation insurance
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**Financial responsibility**

According to FAC section 11702(c)(2) and Title 3 of the California Code of Regulations (3 CCR) section 6524, you must demonstrate financial responsibility by choosing **one** of the options listed below. See the Financial Responsibility Options For Pest Control Business chart for more details.

Option Type	Required Form(s)
Chemical Liability Insurance (for ground/fumigant applications)	Submit <b>one</b> of the following: <ul style="list-style-type: none"> <li>• Certificate of Insurance (PR-PML-052)</li> <li>• Acord Certificate of Liability Insurance</li> </ul>
Chemical Liability Insurance (for aerial applications)	Certificate of Insurance (PR-PML-052)
Certificate of Deposit	Valid proof from the bank issuer
Surety Bond	Pest Control Business Licensees Bond (PR-PML-053)

**Qualified person**

According to FAC section 11701.5, you must have at least one person in a supervisory position who holds a valid QAL with the appropriate category(ies) at each principle and branch location. Please state the name of the qualified person, their license or certificate number, and their license or certificate category on the application form.

**Verifying your business name and type**

According to FAC section 11702(a), you must have the following documents to verify your business name and type. If you are the sole proprietor (i.e., owner) and use your surname as part of your business name, then no documents are required.

Document Name	Details
<i>Fictitious Business Name Statement</i>	<ul style="list-style-type: none"> <li>• Obtainable from the County Clerk’s Office or County Recorder’s Office</li> <li>• Applies to any business operating under a fictitious name</li> </ul>
<i>Certificate of Good Standing</i>	<ul style="list-style-type: none"> <li>• Obtainable from the California Secretary of State’s Office</li> <li>• Applies to any domestic or foreign corporation operating in California</li> <li>• Must be registered with the California Secretary of State’s Office</li> <li>• See the <a href="#">Secretary of State’s Web site</a> for registration information</li> </ul>

**Worker's  
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. The Department of Pesticide Regulation's policy on the worker's compensation insurance requirement is listed in the table below.

*Note:* If you are interested in self-insurance to fulfill this requirement, please go to the [California Department of Industrial Relations' Web site](#).

<b>If you have a(n) ...</b>	<b>Then you must ...</b>
Valid worker's compensation insurance policy	<ul style="list-style-type: none"><li>• State the carrier's name, policy number, and expiration date on the application</li><li>• Write "not applicable" if your business has no employees</li><li>• Sign your application</li></ul>
Expired worker's compensation insurance policy	Choose <b>one</b> of the following: <ul style="list-style-type: none"><li>• Submit a certificate of insurance from your insurer stating that the policy is valid, along with the expiration date</li><li>• Complete the <a href="#">Worker's Compensation Insurance Verification form (PR-PML-120)</a>, which can be found on DPR's Web site</li></ul>

**Other  
requirements**

Once you obtain your license, you must do all of the following:

- Retain pest control application notification records for two years
- Retain records of pesticide use for two years
- Submit pesticide use reports to the county agricultural commissioner's office in the county where the application was made
- Have valid permits for restricted materials used
- Retain agricultural pest control adviser written recommendations for one year
- Have a person who holds a valid journeyman pest control aircraft certificate if the business performs pest control using an aircraft and a Federal Aviation Administration operating certificate required to operate as a commercial agricultural aircraft operator

**County  
registration**

Before you conduct any work, you must register the pest control business license with the county agricultural commissioner's office in each county that you intend to perform pest control. Most counties require an annual fee for registration, which covers one calendar year. Please go to our web site for a [list of county registration fees](#).

To register the business license, the individual who possesses the QAL card and is responsible for pest control business operations at that location must present the following items to the county agricultural commissioner's office:

1. Pest Control Business License
2. QAL card with appropriate pest control category(ies)
3. Inventory of pest control equipment including number and kind of equipment

**Application fee** The application fees are \$160 (main) and \$80 (branch) **per calendar year** (3 CCR section 6502), which are based on the following 2-year cycles:

Last name starts with ...	Then your license will ...
A through L	Expire on December 31 of even-numbered years (e.g., 2022, 2024, 2026, etc.)
M through Z (including businesses starting with “The”)	Expire on December 31 of odd-numbered years (e.g., 2021, 2023, 2025, etc.)

For example, if you applied for a license under the name “Plum Corporation” in January 2021, then your license would expire on December 31, 2021 and your fee would be \$160. If you applied for a license under the name “Cools Pest Control” in January 2021, then your license would expire on December 31, 2022 and your fee would be \$320.

**Renewal fee** The renewal fees are \$320 (main) and \$160 (branch) for the 2-year cycle (3 CCR section 6502). We do not prorate your renewal fee if you renew your license late.

**Late renewal fee** A late fee of 50 percent of the total renewal fee will be assessed for each license postmarked after December 31 of the expiration year.

**Miscellaneous fees** The following chart lists the miscellaneous fees for this license. We charge a maximum fee of \$20 for **all** changes/requests that are submitted on a single application form.

Type	Amount	Details
Name change	\$20	<ul style="list-style-type: none"> <li>You must immediately notify the Licensing and Certification Office <b>in writing</b> (3 CCR section 6508).</li> <li>You must submit legal documents certifying the name change.</li> <li>A new license will be automatically issued for all name changes.</li> <li>The <a href="#">Address and/or Name Change Form</a> is available on our web site.</li> </ul>
Address change	\$20	<ul style="list-style-type: none"> <li>You must immediately notify the Licensing and Certification Office <b>in writing</b> (3 CCR section 6508).</li> <li>The <a href="#">Address and/or Name Change Form</a> is available on our web site.</li> </ul>
Duplicate	\$20	<ul style="list-style-type: none"> <li>This fee applies to requests for a duplicate or replacement license.</li> </ul>

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**License  
duration**

A new license may be issued for up to two years, depending on when you apply and your license cycle. Each renewed license is valid for two years unless you renew late.

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**Most common  
mistakes and  
how to avoid  
them**

The most common application errors made are

- Incorrect fees
- No insurance documents, or the insurance documents submitted do not meet our requirements
- Business type information is not provided
- A qualified person is not listed

You can avoid these errors by reading the application instructions carefully and by mailing your renewal application **before** your license expires.

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**Our mailing  
address**

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

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**For more  
information**

Please email us at [LicenseMail@cdpr.ca.gov](mailto:LicenseMail@cdpr.ca.gov).

Note: Your application and materials **must** be mailed to DPR. We cannot accept electronic submittals.

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**Pest Control Business License Application**

LIC-042 (Rev. 07/23)

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**For complete instructions, see pages 3 and 4.****A. Application Type.** Check the appropriate box(es).

<input type="checkbox"/> New Application	<input type="checkbox"/> Name / Address Change	<input type="checkbox"/> Owner / Entity- Type Change	<input type="checkbox"/> Change / Update Qualified Applicator (Complete Section G)
<input type="checkbox"/> Add Branch Location	<input type="checkbox"/> Duplicate / Replacement License		

**B. Business Information (Main Location).**

Business Name		DBA		
E-Mail Address	Pest Control Business License #		Phone Number	
Business Mailing Address (Number and Street or PO Box)	(City)	(County)	(State)	(ZIP Code)
Business Location Address (Number and Street)	(City)	(County)	(State)	(ZIP Code)
Business Type (Check only one box.) See instructions for documentation requirements.				
<input type="checkbox"/> Corporation	<input type="checkbox"/> Individual	<input type="checkbox"/> Limited Liability Company		
<input type="checkbox"/> Partnership	<input type="checkbox"/> Non-Profit Association	<input type="checkbox"/> Limited Liability Partnership		

**C. Former Business Name.** Enter former business name and license number below.

Former Business Name	License Number
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**D. Business Owner(s).** Attach additional sheet if necessary.

1) Name	Title		
Mailing Address (Number and Street or PO Box)	(City)	(State)	(ZIP Code)

**E. Business Officer(s).** Attach additional sheet if necessary.

1) Name	Title		
Mailing Address (Number and Street or PO Box)	(City)	(State)	(ZIP Code)
2) Name	Title		
Mailing Address (Number and Street or PO Box)	(City)	(State)	(ZIP Code)

**F. Qualified Applicator at Each Business Location.** Each business and branch location must have its own qualified applicator who possesses a valid Qualified Applicator License (QAL) with the appropriate pest control category(ies). The qualified applicator is responsible for supervising all pest control operations performed by each main or branch location. Attach an additional sheet if necessary.

1) Qualified Applicator's Name – Main Business Location	QAL Number and Category(ies)	Expiration Date
Business Location Address (Number and Street)	(City)	(State) (ZIP Code)
2) Qualified Applicator's Name – Branch Business Location	QAL Number and Category(ies)	Expiration Date
Branch Location Address (Number and Street)	(City)	(State) (ZIP Code)

**G. Qualified Applicator Changes.** Please complete this section to update DPR's records if the qualified applicator for your business operation(s) has changed. Attach additional sheet if necessary.

1) Current Qualified Applicator's Name	QAL Number and Category(ies)	Stop Date
New Qualified Applicator's Name	QAL Number and Category(ies)	Start Date
2) Current Qualified Applicator's Name	QAL Number and Category(ies)	Stop Date
New Qualified Applicator's Name	QAL Number and Category(ies)	Start Date

# Pest Control Business License Application

## H. Pest Control Business Type.

1) Select the type(s) of pest control your business will engage in. Select all that apply.

- |   |   |  |   |
|---|---|--|---|
| <input type="checkbox"/> Aerial Application       | <input type="checkbox"/> Biological Control                   | <input type="checkbox"/> Defoliation   | <input type="checkbox"/> Plant Growth Regulators          |
| <input type="checkbox"/> Ground Application       | <input type="checkbox"/> Disease Control                      | <input type="checkbox"/> Fumigation <input type="checkbox"/> Soil<br><input type="checkbox"/> Non-Soil | <input type="checkbox"/> Vertebrate Control (incl. Birds) |
| <input type="checkbox"/> Landscape Maintenance    | <input type="checkbox"/> Microbial Control                    | <input type="checkbox"/> Stored Ag. Prod. /<br>Post-Harvest Treatment                                  | <input type="checkbox"/> Weed Control                     |
| <input type="checkbox"/> Indoor Plant Maintenance | <input type="checkbox"/> Nematode Control                     | <input type="checkbox"/> Seed Treatment  | <input type="checkbox"/> Wood Preservation                |
|   | <input type="checkbox"/> Insect, Mites, & Other Invertebrates |  | <input type="checkbox"/> Other _____                      |

2) Indicate the type(s) of pest control categories your business will be engaged in by checking the appropriate box(es) below. Select all that apply.

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> A. Residential, Industrial, & Institutional | <input type="checkbox"/> E. Forest         | <input type="checkbox"/> I. Animal Agriculture       | <input type="checkbox"/> L. Soil Fumigation     |
| <input type="checkbox"/> B. Landscape Maintenance                    | <input type="checkbox"/> F. Aquatic        | <input type="checkbox"/> J. Demonstration & Research | <input type="checkbox"/> M. Non-Soil Fumigation |
| <input type="checkbox"/> C. Right-of-Way                             | <input type="checkbox"/> G. Regulatory     | <input type="checkbox"/> K. Health Related           |   |
| <input type="checkbox"/> D. Plant Agriculture                        | <input type="checkbox"/> H. Seed Treatment |  |   |

**I. Financial Responsibility.** Each applicant must show proof of financial responsibility that meets the requirements of section 6524 of Title 3, of the California Code of Regulations (3 CCR). Proof of financial responsibility is demonstrated by having your insurance carrier complete either the DPR Certificate of Insurance form (DPR-PML-052) or an ACORD. See instructions for details.

**J. Worker's Compensation Insurance.** Each applicant who is an employer, as defined in Section 3300 of the California Labor Code, is required to carry worker's compensation insurance. If your business has no employees, write "No employees" below.

Worker's Compensation Insurance Carrier Name	Policy Number	Expiration Date
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**K. Fees. All fees are non-transferable and non-refundable.** (See "New License Fee Examples" on page 4)

	1-Year	or	2-Year		# Branches	=	Total Fees
Main Location	\$160		\$320		--	=	\$ _____
Branch Location	\$80		\$160	X	_____	=	\$ _____
Address Change, Duplicate / Replacement Fee	\$20		--	X	_____	=	\$ _____
<b>Total Fee(s) Due</b>						=	\$ _____

Fee Exempt (A completed copy of the "No Fee Pest Control Business Application Supplement" must be submitted with your application)

**L. 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 actions or in which any disciplinary action is pending?

- Yes (Attach explanation on separate page)  No

**M. 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.)

Applicant Signature	Date Signed
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## Pest Control Business License Application Instructions

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

#### A. Application Type:

- **New Application:** If you are applying for a Pest Control Business License for the first time.
- **Name/Address Change:** Address changes may be made directly on the application form. For address changes, a \$20 replacement fee is required. See section C for information on business name changes.
- **Add Branch Location:** List additional pest control business branch location(s).
- **Owner/Entity-Type Change:** Every business shall immediately notify DPR of any changes in ownership or entity-type. For business name or entity-type changes, you must re-apply as a new applicant and pay the appropriate fees.
- **Duplicate/Replacement License:** For a duplicate or replacement license, a \$20 replacement fee is required.
- **Change/Update Qualified Applicator:** For changes in a business's Qualified Applicator(s), refer to section G.

**B. Business Information (Main Location):** Enter your business name and DBA (if applicable). Enter E-Mail address, current DPR pest control business license number (if applicable), business phone number, business mailing address, business location address (if different from mailing address), and business type. Submit the required supporting documentation with your new application or name change (see section C) according to your business type below:

- **Partnership:** Submit a "Fictitious Business Name Statement" which may be obtained from the county clerk's office.
- **Individual:** If the business name is different than your surname (last name), submit a "Fictitious Business Name Statement" which may be obtained from the county clerk's office.
- **Corporation, Limited Liability Company, or Limited Liability Partnership:** Submit a current copy of the "Certificate of Good Standing" which may be obtained from the California Secretary of State, Certificate Department.
- **Non-Profit Association:** If the business is a corporation, submit a current copy of the "Certificate of Good Standing" which may be obtained from the California Secretary of State, Certificate Department. If the business name is different than your surname (last name), submit a "Fictitious Business Name Statement" which may be obtained from the county clerk's office.

**C. Former Business Name:** If you are changing your business name, enter your former business name and license number. Submit the required supporting documentation with your name change according to your business type in section B. A \$20 replacement fee is required. Note: name changes may affect your current renewal cycle and additional fees may apply.

**D. Business Owner(s):** List the name, title, and mailing address of the business owner(s). If necessary, attach an additional sheet of paper.

**E. Business Officer(s):** List the name, title, and mailing address of the business officer(s). If necessary, attach an additional sheet of paper.

**F. Qualified Applicator at Each Business Location:** Each business and branch office must have a qualified applicator who possesses a valid Qualified Applicator License (QAL) with the appropriate pest control category(ies) to engage in the business of pest control from that location. Each main and branch location must have its own qualified applicator responsible for supervising all pest control operations performed at that location. Use an additional sheet of paper if necessary. Enter the name(s) and license number(s) of the qualified applicators for the business.

**G. Qualified Applicator Changes:** Enter the name(s) of the new qualified applicator(s) for your business. Each business must have a qualified person who possesses a valid Qualified Applicator License (QAL) with the appropriate category(ies).

**H. Pest Control Business Type:** (1) Indicate the type of pest control your business will be performing or performs. (2) Indicate the type of pest control category(ies) your business requires to be in business. Check all that apply.

**I. Financial Responsibility:** Each applicant for a Pest Control Business License must demonstrate financial responsibility that meets the requirements of Title 3, California Code of Regulations (3 CCR) section 6524. (Note: Coverage must include chemical liability.) Financial responsibility is demonstrated by one of the following methods:

1. File with DPR an approved certificate of insurance certifying liability insurance coverage that meets the minimum requirements in 3 CCR 6524.
  - An ACORD Certificate of Insurance from your insurance company. If you choose the ACORD certificate, the following information must appear in the "Certificate Holder" box at the bottom of the form:
    - ◊ **Department of Pesticide Regulation**  
**DPRinsurance@cdpr.ca.gov**
  - A DPR Certificate of Insurance form (DPR-PML-052, Rev. 08/11)
2. A \$75,000 Certificate of Deposit that meets the minimum requirements in 3 CCR section 6524.
3. A \$75,000 surety bond that meets the minimum requirements of 3 CCR section 6524.

See the Financial Responsibility Options chart in 3 CCR section 6524 for specific coverage requirements. If you have questions, E-Mail DPR.

**Pest Control Business License Application Instructions**

**J. Worker's Compensation Insurance:** Each applicant who is an employer as defined in Section 3300 of the California Labor Code is required to carry worker's compensation insurance. If applicable, enter the name of the worker's compensation insurance carrier, the policy number, and the policy expiration date.

**K. Fees: All fees are non-transferable and non-refundable.**

\* Your license fee is based on whether you are applying for a license for a Main or Branch Location, whether you are applying in an 'even' or 'odd' calendar year, and whether your business name begins with the letters 'A-L' or 'M-Z.' This is because DPR has a set two-year renewal cycle based on the business' name See the following examples to help determine the appropriate fee.

**New License Fee Examples****New Application – Even Year (i.e. 2022, 2024, 2026...)**

Business Name Starts With...	You Pay...	Main Fee Amount	Branch Fee Amount
A-L	One-year Fee	\$160	\$80
M-Z	Two-year Fee	\$320	\$160

**New Application – Odd year (i.e. 2023, 2025, 2027...)**

Business Name Starts With...	You Pay...	Main Fee Amount	Branch Fee Amount
A-L	Two-year Fee	\$320	\$160
M-Z	One-year Fee	\$160	\$80

**Address Change or Duplicate / Replacement Fee: \$20**

**L. Read Before Signing:** Check appropriate box and provide explanation, if necessary.

**M. Declaration / Signature Block:** Sign here to indicate that all of the information submitted is true and correct. Signature must be owner, officer, or QAL holder.

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

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

If you are applying for a pest control business license, then you must demonstrate financial responsibility by choosing **one** of the options listed in the tables below.

**Required forms**

The following table lists the forms required for each option. You can obtain all department PR-PML forms from our Web site at <<http://www.cdpr.ca.gov/docs/license/lcforms.htm>>. If you choose to submit the *Acord Certificate of Liability Insurance* form provided by your insurance company, then it **must state that your policy meets and complies with Title 3 of the California Code of Regulations, Code section 6524, including chemical bodily injury and chemical property damage coverage**. See our *Acord* sample for more details.

Type of Pest Control Business	Option 1: Liability Insurance	Option 2: Certificate of Deposit	Option 3: Surety Bond	Option 4: Self-insurance
<b>Pest Control Business (Ground/Fumigations)</b>	Submit <b>one</b> of the following: <ul style="list-style-type: none"> <li>• <i>Acord Certificate of Liability Insurance</i> (must include required statement; see sample); <b>or</b></li> <li>• <i>Certificate of Insurance</i> (PR-PML-052)</li> </ul>	Proof from bank issuer	<i>Pest Control Business Licensees Bond</i> (PR-PML-053)	N/A
<b>Pest Control Business (Aerial)</b>	Submit the following: <ul style="list-style-type: none"> <li>• <i>Certificate of Insurance</i> (PR-PML-052)</li> </ul>	Proof from bank issuer	<i>Pest Control Business Licensees Bond</i> (PR-PML-053)	N/A
<b>Maintenance Gardener Pest Control Business</b>	Submit <b>one</b> of the following: <ul style="list-style-type: none"> <li>• <i>Acord Certificate of Liability Insurance</i> (must include required statement; see sample); <b>or</b></li> <li>• <i>Certificate of Insurance</i> (PR-PML-052)</li> </ul>	Proof from bank issuer	<i>Pest Control Business Licensees Bond</i> (PR-PML-053)	<i>Liability Certification Statement</i> (PR-PML-170)

**Required amounts**

The following table lists the dollar amounts required for each option.

Type of Pest Control Business	Option 1: Liability Insurance			Option 2: Certificate of Deposit	Option 3: Surety Bond	Option 4: Self-insurance
	Bodily Injury Per Person	Bodily Injury Per Occurrence	Property Damage			
<b>Pest Control Business (Ground/Fumigations)</b>	\$100,000	\$300,000	\$50,000	\$75,000	\$75,000	N/A
<b>Pest Control Business (Aerial)</b>	\$100,000	\$300,000	\$100,000 per aircraft (a)	\$50,000 per aircraft (b)	\$50,000 per aircraft (b)	N/A
<b>Maintenance Gardener Pest Control Business</b>	\$5,000	\$10,000	\$5,000	\$5,000	\$5,000	Pay for damages using personal assets

- (a) When more than one aircraft is insured, the property damage aggregate is one-half the property damage limit times the number of aircraft insured.  
(b) A certificate of deposit or surety bond need not exceed \$300,000 per license.

# ACORD<sup>TM</sup> CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

PRODUCER	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
	INSURERS AFFORDING COVERAGE	NAIC #
INSURED	INSURER A:	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

## COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
		<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
		<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
		<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER				WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ DISEASE - POLICY LIMIT \$

Sample

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

DPR Pest Control Business Number: XXXXX (not applicable if new)

The coverage provided by this insurance company and issued to the aforementioned Named Insured fulfills the requirements pursuant to Title 3 of the California Code of Regulations, Code section 6524, including chemical bodily injury and chemical property damage coverage.

<b>CERTIFICATE HOLDER</b>  California Department of Pesticide Regulation Licensing and Certification Program 1001 I Street P.O. Box 4015 Sacramento, CA 95812-4015	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL _____ DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.  AUTHORIZED REPRESENTATIVE
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STATE OF CALIFORNIA  
DEPARTMENT OF PESTICIDE REGULATION  
**CERTIFICATE OF INSURANCE**  
DPR-PML-052 (REV. 08/11)

PEST MANAGEMENT AND LICENSING BRANCH  
1001 I STREET  
SACRAMENTO, CA 95814-2828  
P.O. BOX 4015  
SACRAMENTO, CA 95812-4015  
(916) 445-4038  
FAX (916) 445-4033  
Web site: <http://www.cdpr.ca.gov>

This is to certify to the Director of the Department of Pesticide Regulation, whose address is 1001 I Street, Sacramento, California 95814-2828 that \_\_\_\_\_ (name of business), an applicant for a pest control business license, is at this date insured with \_\_\_\_\_ (Insurance Company) for the Limits of Coverage stated below.

**Coverage Descriptive Schedule**

Insurance Coverage	Policy Number(s)	Expiration Date(s)	Limit of Liability Per Person	Limit of Liability Per Occurrence	Limit of Liability Annual Aggregate
1. Bodily injury <u>including</u> Chemical Liability			\$	\$	\$
2. Property Damage <u>including</u> Chemical Liability			\$	\$	\$
3. Combined Single Limit for Bodily Injury and Property Damage <u>including</u> Chemical Liability				\$	\$

**List of Covered Aircraft (Attach additional sheet if necessary)**

Aircraft "N" Number	Aircraft Usages (Chemical Use/Nonchemical Use)	Remarks
1) N		
2) N		
3) N		

**Insured Information**

INSURED BUSINESS NAME		PEST CONTROL BUSINESS LICENSE NUMBER (Optional)	
BUSINESS LOCATION ADDRESS	CITY	STATE	ZIP CODE

**Insurance Company and Insurance Agent/Broker Information**

1. INSURANCE COMPANY NAME	FAX NUMBER (Optional)	EMAIL ADDRESS (Optional)	PHONE NUMBER (Optional)
MAILING ADDRESS	CITY	STATE	ZIP CODE
CONTACT PERSON NAME (Optional)			
2. INSURANCE AGENT/BROKER NAME (Optional)	FAX NUMBER (Optional)	EMAIL ADDRESS (Optional)	PHONE NUMBER (Optional)
MAILING ADDRESS (Optional)	CITY (Optional)	STATE (Optional)	ZIP CODE (Optional)
CONTACT PERSON NAME (Optional)			

The undersigned hereby certifies that liability insurance issued to the aforementioned insured, fulfills the requirements stated above and the requirements pursuant to Section 6524, of Title 3, of the California Code of Regulations.

The issuing company agrees that in the event of non-renewal or material change, including cancellation or reduction of coverage of the policy(ies), the issuing company will endeavor to give the party to whom the Certification is issued 30 days advance notice of such non-renewal or change, but the issuing company shall not be liable in any way for failure to give such notice.

INSURANCE REPRESENTATIVE SIGNATURE	DATE
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**STATE OF CALIFORNIA  
DEPARTMENT OF PESTICIDE REGULATION**

Pest Control Business Licensees Bond  
Food and Agricultural Code Section 11702(c)(2)

Premium Amount: \_\_\_\_\_

KNOW ALL PERSONS BY THESE PRESENTS:

That \_\_\_\_\_

having an address for service at \_\_\_\_\_

\_\_\_\_\_,  
California, as PRINCIPAL, and \_\_\_\_\_

\_\_\_\_\_,  
a corporation duly authorized as an admitted surety insurer in the State of California, as SURETY, are held and firmly bound to the State of California, and in favor of every person or entity obtaining judgment against the **PRINCIPAL**, in the sum of \_\_\_\_\_ DOLLARS (\$ \_\_\_\_\_), for the payment of which we bind ourselves, or heirs, executors, successors, and assigns, jointly and severally, firmly by these presents.

WHEREAS, the above-named PRINCIPAL holds or has applied to the Director of Pesticide Regulation of the State of California for license entitling said PRINCIPAL to conduct the business of Pest Control, in accordance with the provisions of Division 6, Chapter 4 of the Food and Agricultural Code of the State of California; and

WHEREAS, the provisions of the Food and Agricultural Code Section 11702(c)(2), require that the PRINCIPAL satisfy the Director of PRINCIPAL's financial ability to respond in damages from any illness, injury, or damage resulting from the work authorized by the license, and this bond is executed and tendered in accordance therewith.

NOW, THEREFORE, if said PRINCIPAL shall respond in damages for any illness, injury, or damage resulting from the work, then this obligation is void, otherwise to remain in full force and effect.

The aggregate liability of the Surety on all claims whatsoever shall not exceed the penal sum of this bond.

This bond shall be deemed continuous in form and shall remain in full force and effect, and run concurrently with the license period and any and all renewals, or until cancellation or withdrawal of the Surety from the bond.

Surety may cancel or withdraw from this bond pursuant to the provisions of the Code of Civil Procedure Sections 996.310 et seq.

This bond is executed to comply with provisions of Chapter 4 of Division 6 of the Food and Agricultural Code and of Chapter 2, Title 14, Part 2 of the Code of Civil Procedure, and said bond shall be subject to all of the terms and provisions thereof.

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NAME OF SURETY

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ADDRESS FOR SERVICE

I certify (or declare) under penalty of perjury, under the laws of the State of California, that I have executed the foregoing bond under an unrevoked power of attorney.

Executed in \_\_\_\_\_,  
*(City and State)*

on \_\_\_\_\_.  
*(Date)*

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Signature of Attorney-in-fact  
of Surety

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Printed or typed name of  
Attorney-in-fact for Surety



## 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:															
Billing ZIP Code:															
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:			