

MAINTENANCE GARDENER PEST CONTROL BUSINESS LICENSE PACKET

Contains the following documents:

- Licensing Requirements
- Application & Instructions
- Supplemental Application Information (PR-PML-143)
- Financial Responsibility Documents:
 - ACORD Certificate of Liability Insurance (sample)
 - Certificate of Insurance (PR-PML-052)
 - Pest Control Business Licensees Bond (PR-PML-053)
 - Liability Certification Statement (PR-PML-170)
- Visa/Mastercard Transaction Form
- Customer Service Survey

MAINTENANCE GARDENER PEST CONTROL BUSINESS LICENSING REQUIREMENTS

Do you need this license?

You must possess a Maintenance Gardener Pest Control Business (MGB) License if you are a maintenance gardener who occasionally engages in pest control in support of your primary gardening business for hire¹ (Food and Agricultural Code (FAC) section 11704a).

- You are a Maintenance Gardener if your maintenance gardening activities include mowing lawns, engaging in general yard cleanup, and/or taking care of ornamental and turf plants in:
 - Outdoor ornamental and garden areas surrounding public structures, such as buildings, brick walls, fountains, fences, statues;
 - Outdoor ornamental and garden areas surrounding commercial parks, such as, offices, restaurants, warehouses, factories, stores, shopping centers, malls;
 - Parks, golf courses, cemeteries, but only on ornamental or turf plantings near buildings (clubhouses, pro shops, restrooms) that are distinct and separate from the plantings that constitute open space landscaping in a park, golf course or cemetery itself.

If the primary purpose of your business is pest control for hire, you must obtain a Pest Control Business License.

Licensing exemption

Persons doing pest control incidental to new construction are not required to obtain this business license. This includes construction work in establishing new landscapes.

Basic licensing requirements

You may obtain a MGB license by submitting the following:

- Application;
- Appropriate fee;
- Supplemental application information (PR-PML-143);
- Qualified person's identification;
- Proof of Financial responsibility;
- Documents required to verify your business name and type, if applicable;
- Worker's compensation insurance, if applicable.

Definitions and more information will follow.

Qualified person

A qualified person is someone in a supervisory position that holds a valid QAC (with a category *Q-Maintenance Gardener* or category *B-Landscape Maintenance*) or a valid QAL (with a category *B-Landscape Maintenance*). There must be at least one qualified person at each business location at all times (FAC section 11704a).

Please state the name of the qualified person, their license or certificate number, and their license or certificate category as indicated on the application form.

Continued on next page.

¹ "For hire" refers to any person who advertises, solicits, or operates as a business.

Financial responsibility

You must demonstrate financial responsibility by choosing one of the options listed below and completing the required form associated with your preferred option (FAC section 11702(c)(2) and Title 3 of the California Code of Regulations (3 CCR) section 6524). All department forms are available in this packet. They are also available on the DPR website: www.cdpr.ca.gov/docs/license/lcforms.htm.

Options	Required Forms	Minimum Amounts		
		Bodily injury per person	Bodily injury per occurrence	Property damage
1) Liability Insurance	Submit one of the following: <ul style="list-style-type: none"> ACORD Certificate of Liability Insurance² Certificate of Insurance (PR-PML-052) 			
		\$5,000	\$10,000	\$5,000
2) Certificate of Deposit	Proof from bank issuer	\$5,000 (need not exceed \$300,000)		
3) Surety Bond	Pest Control Business Licensees Bond (PR-PML-053)	\$5,000 (need not exceed \$300,000)		
4) Self-Insurance	Liability Certification Statement (PR-PML-170)	Damages paid with personal assets.		

Verifying your business name and type

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

Document Name	Details
Fictitious Business Name Statement	<ul style="list-style-type: none"> Obtain from the County Clerk’s Office or County Record’s Office. Applies to any business operating under a name other than the owner’s surname.
Certificate of Good Standing	<ul style="list-style-type: none"> Applies to any domestic or foreign corporation operating in California. Must be obtained by registering with the California Secretary of State’s Office at www.ss.ca.gov/business/business.htm.

Continued on next page.

² All ACORD Certificate of Liability Insurance forms must state “**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**”, as demonstrated in the provided sample.

**Worker's
compensation
insurance**

You must have worker's compensation insurance if your business has employees (Labor Code section 3300). See the table below for instructions on how to demonstrate that you have met the requirements for worker's compensation insurance.

If you have employees and a valid worker's compensation insurance policy:	<ul style="list-style-type: none">• State the carrier's name, policy number, and expiration date in section H of the application.
If you do not have employees:	<ul style="list-style-type: none">• Write "not applicable" in section H of the application.

NOTE: If you are interested in self-insurance to fulfill this requirement, please go to the California Department of Industrial Relations website at www.dir.ca.gov/SIP/sip.html for information.

**Requirements
after license is
issued**

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

- Register with the County (see below)
 - Retain pest control application notification records for two years,
 - Retain records of pesticide use for two years (3 CCR section 6624),
 - Submit pesticide use report records to County Agricultural Commissioner every 10th of the month (refer to the DPR Laws and Regulations study guide under Pesticide Use Reports for Production Agriculture for more information),
 - Possess valid permits from the County for restricted materials used (3 CCR section 6632),
 - Provide proof of financial responsibility each year by submitting your renewed financial responsibility statement, and
 - Provide proof of worker's compensation insurance (if applicable) each year by submitting a valid certificate of worker's compensation insurance or by completing the Worker's Compensation Insurance Verification form (PR-PML-120), which can be found at www.cdpr.ca.gov/docs/license/lcforms.htm.
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**County
registration**

Before you conduct any work, you must register the MGB license with the county agricultural commissioner's office in each county that your business intends to perform pest control (FAC section 11732). Most counties require an annual fee for registration, which covers one calendar year. For a list of county registration fees, please go to the DPR website at www.cdpr.ca.gov/docs/license/liccert.htm.

To register your MGB license with the County, the qualified person must present the following items to the county agricultural commissioner's office.

- Valid MGB license,
 - Valid QAL/QAC card – Landscape Maintenance (category B) or Maintenance Gardener (category Q), and
 - Inventory of pest control equipment, including number and kind of equipment.
-

Continued on next page.

Application fee The application fee is **\$80 per calendar year** for this license (3 CCR section 6502).

Depending on the name of your business, you may be required to pay a second year fee of an additional \$80. This distinction is based on the following second year cycles:

If your business name begins with...	Then your license will...
A through L	Expire on December 31 of even-numbered years (e.g. 2010, 2012, 2014, etc.)
M through Z (including businesses starting with "The")	Expire on December 31 of odd numbered years (e.g. 2011, 2013, 2015, etc.)

For example, if you applied for a license under the name "The Best Landscaping Company" in January 2011, then your license expires on December 31, 2011 (in this case, the license duration is one year) and the fee is \$80. If you applied for a license under the name "Best Landscaping Company" in January 2011, then your license expires on December 31, 2012 (in this case, the license duration is two years) and the fee is \$160.

Valid licenses A list of currently valid business licenses may be viewed at the DPR website at: www.cdpr.ca.gov/docs/license/currlic.htm.

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.

Renewal fee The renewal fee is \$160 for the 2-year cycle (3 CCR section 6502). We do not prorate your fee if you renew your license late. Instead, a late fee is applied.

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

Continued on next page.

Miscellaneous fees

The following chart lists possible miscellaneous fees.

Type	Amount	Details
Name change	\$20	<ul style="list-style-type: none"> • This option applies only if you are changing your business name. <ul style="list-style-type: none"> ○ If you are changing your business status (corporation, partnership, individual, or LLC), or if the owner is changing, you need to apply and pay for a new business license. • You must immediately notify the Licensing and Certification Office in writing (3 CCR section 6508). • You must submit legal documents certifying the name change (i.e. Fictitious Business Name Statement). • A new license will be issued for all name changes. • Name change requests can be submitted by completing the Maintenance Gardener Pest Control Business License application (PR-PML-004) and marking the “Name/Address Change” box.
Address change	\$20 (optional)	<ul style="list-style-type: none"> • You must immediately notify the Licensing and Certification Office in writing (3 CCR section 6508). • This fee is only required if you request a new license. • Address change requests can be submitted by completing the Maintenance Gardener Pest Control Business License application (PR-PML-004) and marking the “Name/Address Change” box.
Duplicate	\$20	<ul style="list-style-type: none"> • This fee applies to requests for a duplicate or replacement license. • Duplicate card requests can be submitted by completing the Maintenance Gardener Pest Control Business License application (PR-PML-004) and marking the “Duplicate/Replacement License” box.

Name and/or address change fees are waived when a license is reprinted during renewal.

Timelines for processing applications

DPR may take up to 100 days to complete the processing of your application after all the required documents are submitted (Government Code sections 15374-15378). Failure to comply with this time period may be appealed to the Agency Secretary, California Environmental Protection Agency, P.O. Box 2815, Sacramento, California, 95814, pursuant to regulations set forth in 3 CCR section 301. Under certain circumstances, the Agency Secretary may order that the applicant receive a reimbursement of filing fees.

Common mistakes

The most common application errors are:

- Incorrect fees;
- No insurance documents, or the insurance documents submitted do not meet our requirements;
- No business type information provided;
- No qualified person listed, or the qualified person has the wrong license type.

You can avoid these errors by reading the application instructions carefully.

Continued on next page.

**Our physical
address**

Department of Pesticide Regulation
Pest Management and Licensing Branch
Licensing and Certification Program
1001 I Street
Sacramento, CA 95814-2828

**Our mailing
address**

Department of Pesticide Regulation
Pest Management and Licensing Branch
Licensing and Certification Program
P.O. Box 4015
Sacramento, CA 95812-4015

**For more
information**

You may contact us between the hours of 8 a.m. to 5 p.m. at (916) 445-4038, or e-mail us at licenseemail@cdpr.ca.gov.

**MAINTENANCE GARDENER PEST CONTROL
BUSINESS LICENSE APPLICATION**

PR-PML-004 (REV. 08/10)

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DEPARTMENT OF PESTICIDE REGULATION
PEST MANAGEMENT AND LICENSING BRANCH
LICENSING AND CERTIFICATION PROGRAM
1001 I STREET, P.O. BOX 4015
SACRAMENTO, CALIFORNIA 95812-4015
(916) 445-4038
FAX - (916) 445-4033
Web site: <http://www.cdpr.ca.gov/>

PLEASE READ INSTRUCTIONS ON 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"/> OTHER (Specify) _____
	<input type="checkbox"/> DUPLICATE / REPLACEMENT LICENSE	BUSINESS LICENSE # _____

B. Business Information. Please print or type.

BUSINESS NAME _____

EMAIL ADDRESS	FAX NUMBER ()	TELEPHONE NUMBER ()
BUSINESS MAILING ADDRESS (Number and Street or P.O. Box Number)	(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"/> OTHER _____
<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> NON-PROFIT ASSOCIATION	<input type="checkbox"/> LIMITED LIABILITY PARTNERSHIP	

C. Former Business Name. Enter former business name below.

FORMER BUSINESS NAME _____

D. Business Officers or Owners. Attach additional sheet if necessary.

1) NAME	TITLE
MAILING ADDRESS (Number and Street or P.O. Box Number)	(City)
	(State)
	(ZIP Code)
2) NAME	TITLE
MAILING ADDRESS (Number and Street or P.O. Box Number)	(City)
	(State)
	(ZIP Code)
3) NAME	TITLE
MAILING ADDRESS (Number and Street or P.O. Box Number)	(City)
	(State)
	(ZIP Code)

E. Qualified Person. Each business must have a qualified person who possesses a valid Qualified Applicator Certificate (QAC) or Qualified Applicator License (QAL) with the Landscape Maintenance category B or a QAC with the Maintenance Gardener subcategory Q. The qualified person is responsible for supervising all pest control operations performed by the business. Attach additional sheet if necessary.

1) QUALIFIED PERSON'S NAME	QAC NUMBER	QAL NUMBER	EXPIRATION DATE
LOCATION OF BUSINESS ADDRESS (Number and Street or P.O. Box Number)	(City)	(State)	(ZIP Code)
2) QUALIFIED PERSON'S NAME	QAC NUMBER	QAL NUMBER	EXPIRATION DATE
LOCATION OF BUSINESS ADDRESS (Number and Street or P.O. Box Number)	(City)	(State)	(ZIP Code)
3) QUALIFIED PERSON'S NAME	QAC NUMBER	QAL NUMBER	EXPIRATION DATE
LOCATION OF BUSINESS ADDRESS (Number and Street or P.O. Box Number)	(City)	(State)	(ZIP Code)
4) QUALIFIED PERSON'S NAME	QAC NUMBER	QAL NUMBER	EXPIRATION DATE
LOCATION OF BUSINESS ADDRESS (Number and Street or P.O. Box Number)	(City)	(State)	(ZIP Code)

Application Continued on Reverse Side

**MAINTENANCE GARDENER PEST CONTROL
BUSINESS LICENSE APPLICATION**

PR-PML-004 (REV. 08/10)

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F. Maintenance Gardener Pest Control Business Type.

Indicate the type of pest control your business will be performing or performs by checking the appropriate box(es) below.

- Interior Plants or Landscape Maintenance Exterior Landscape Maintenance Vertebrate Pest Control
- Turf Pest Control Ornamental Pest Control (Treatment to Ornamental Plants) Weed Control

G. Liability Insurance. Each applicant must show proof of financial responsibility that meets the requirements of Section 6524 of Title 3, of the California Code of Regulations. Proof of financial responsibility is demonstrated by having your insurance carrier complete one of the two attached insurance certificates or some other method approved by the Department.

H. 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. If your business has no employees, write "Not Applicable" below.

WORKER'S COMPENSATION INSURANCE CARRIER NAME	POLICY NUMBER	EXPIRATION DATE
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I. Fees. All fees are non-transferable and non-refundable.

	1-Year	or	2-Year	Total Fees
Main Location	<input type="checkbox"/> \$80		<input type="checkbox"/> \$160	\$ _____
Name/Address Change, Duplicate/Replacement Fee	<input type="checkbox"/> \$20			\$ _____
Total Fee(s) Due/Enclosed				\$ _____

Enclose a check, money order or credit card payment for the total amount due payable to: Cashier, Department of Pesticide Regulation. Mail your completed application, required documentation, and fees to: Cashier, Department of Pesticide Regulation, P.O. Box 4015, Sacramento, California 95812-4015.

J. 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 (State explanation below or attach separate page.) NO

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

APPLICANT SIGNATURE	DATE SIGNED
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FOR OFFICIAL USE ONLY	BUSINESS LICENSE NUMBER	PROBLEM	COMPUTER ENTRY DATE
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MAINTENANCE GARDENER PEST CONTROL BUSINESS LICENSE APPLICATION INSTRUCTIONS

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- A. **Application Type.** Check the appropriate box(es).
- New Application:** If you are applying for the Maintenance Gardener Pest Control Business License for the first time.
 - Duplicate/Replacement License:** Requesting a duplicate or replacement license.
 - Name/Address Change:** Requesting name/address changes. Submit a copy of the legal document substantiating the name change. Address changes may be made directly on the application form. A new license will not be printed for an address change only unless specifically requested and a \$20 fee submitted with the application.
 - Other:** Any other change, please specify the change.
- B. **Business Information.** Complete the information requested in this section. If you are changing your business name, enter your former business name in Section "C". If there is a change in business name or address you must immediately notify the Director in writing. If your business is a:
- Corporation**, submit a current copy of the "Certificate of Good Standing" which may be obtained from the Secretary of State, Certificate Department, 1500 11th Street, Sacramento, California 95814.
 - Limited Liability Company or Limited Liability Partnership**, submit a current copy of the "Certificate of Good Standing" which may be obtained from the Secretary of State, Certificate Department, 1500 11th Street, Sacramento, California 95814.
 - 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.
 - 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 Secretary of State, Certificate Department, 1500 11th Street, Sacramento, California 95814. 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 your business name has changed, enter the former name in this section of the application.
- D. **Business Officers or Owners.** List the name, title, and mailing address of the business officers and/or owners. If necessary, use an additional sheet of paper. If there is a change in the business ownership or organization, notify the Director immediately in writing. A new application and fee must be submitted for this change.
- Each eligible employee must complete and submit the Statement of Verification (PR-PML-143) indicating he/she meets the criteria to become a maintenance gardener.
- E. **Qualified Person.** Each business must have a qualified person who possesses a valid Qualified Applicator Certificate (QAC) or License (QAL) with the Landscape Maintenance category B or QAC with Maintenance Gardener subcategory Q. The qualified person is responsible for supervising all pest control operations performed by the business. Use an additional sheet of paper if necessary. If there is a change in the qualified person for the business, notify the Director immediately. There is no fee required for this change.
- F. **Maintenance Gardener Pest Control Business Type.** Indicate the type of pest control your business will be performing or performs. Check all that apply.
- G. **Liability Insurance.** Each applicant for a Pest Control Business License must demonstrate financial responsibility that meets the requirements of Section 6524 of Title 3, of the California Code of Regulations. (Note: Coverage must include chemical liability.) Financial responsibility is demonstrated by one of the following methods:

MAINTENANCE GARDENER PEST CONTROL BUSINESS LICENSE APPLICATION INSTRUCTIONS

PR-PML-004 (REV. 08/10)

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1. Filing with the Director an approved certificate of insurance certifying liability insurance coverage that meets the Department's minimum requirements. This can be achieved by having your insurance carrier complete either the attached Certificate of Insurance (PR-PML-052) or the attached Certificate of Insurance Requirements Statement (PR-PML-173). If you use the Certificate of Insurance Requirements Statement form, have your insurance carrier submit their Certificate of Insurance along with an endorsement for pollution coverage if necessary.
2. In lieu of insurance or a certificate of deposit, the maintenance gardener may provide a "Liability Certificate Statement" (PR-PML-170) to the Director, under penalty of perjury, that as to chemical property damage resulting from their pest control operations, you are financially able to respond to damages using your own personal assets, etc.
3. A Certificate of Deposit that meets the Department's minimum requirements of Section 6524 of Title 3, California Code of Regulations.
4. An "Accord" provided by your insurance company that meets the Department's minimum requirements of Section 6524 of Title 3, California Code of Regulations.

See the Financial Responsibility Options chart for specific coverage requirements. If you have questions, call this office.

H. **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. If applicable, enter the name of the worker's compensation insurance carrier, the policy number, and the policy expiration date.

I. **Fees. All fees are non-transferable and non-refundable.**

	<u>One-Year*</u>	<u>Two-Year*</u>
Main Location:	\$80	\$160
Name/Address Change Fee: \$20 (See Note)		
Duplicate/Replacement Fee: \$20 (See Note)		

NOTE: A fee for an address change is only required when the licensee requests a new license be issued (printed and mailed). A maximum fee of \$20 is due for all name/address changes and requests for a duplicate/replacement licenses submitted on a single application.

* *The following information and table will assist you in determining the appropriate application fee.*

New Application Fee Schedule Example:

<u>Year Submitting Application</u>	<u>License Name</u>	<u>License Expiration Year</u>	<u>License Application Fee</u>
2010	A-L	2010	\$80
	M-Z	2011	\$160
2011	A-L	2012	\$160
	M-Z	2011	\$80
2012	A-L	2012	\$80
	M-Z	2013	\$160

*If your business name begins with **A - L**, the expiration date of the business license is on **even-numbered** years.
If your business name begins with **M - Z**, the expiration date of the business license is on **odd-numbered** years.*

J. **Read Before Signing.** Check appropriate box.

K. **Declaration/Signature Block.** Sign and date your application. Enclose a check, money order or credit card payable to "Cashier, DPR" and mail to: Cashier, Department of Pesticide Regulation, P.O. Box 4015, Sacramento, California 95812-4015.

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

SUPPLEMENTAL APPLICATION INFORMATION

Maintenance Gardener Pest Control

Business License

PR-PML-143 (REV. 9/07)

**SUPPLEMENTAL APPLICATION INFORMATION FOR MAINTENANCE GARDENER
PEST CONTROL BUSINESS LICENSE**

Section 11704(b) of the Food and Agricultural Code states: The maintenance gardener shall be limited to pest control in ornamental and turf plantings indoors, surrounding structures and commercial parks. (A "commercial park" is a tract of land where several commercial establishments [e.g., stores, offices, restaurants, warehouses, factories] are located. Business "parks", industrial "parks", office "parks", and shopping centers or malls would be commercial parks.) A contract or verification that the pest control operation is incidental and that maintenance gardening is the primary purpose shall be immediately submitted to the commissioner or director upon request.

I, _____, the undersigned, verify under penalty of perjury, that the pest control
(Print Name)

operation is incidental and that maintenance gardening is the primary purpose of my business. The business

name is _____

Executed on _____, 20____
(Month and Day)

at _____, California.
(City)

SIGNED _____

(Address)

(City) (State)

APPLICANT - PLEASE SEND THIS COMPLETED FORM ALONG WITH YOUR MAINTENANCE GARDENER PEST CONTROL BUSINESS LICENSE APPLICATION TO THE LICENSING AND CERTIFICATION PROGRAM AT THE ADDRESS LISTED ABOVE IN THE UPPER RIGHT CORNER.

ACORD™ 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 ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	GENERAL LIABILITY <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 \$
	AUTOMOBILE LIABILITY <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) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EAACC \$ AGG \$
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				<input type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ DISEASE - POLICY LIMIT \$
	OTHER				

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.

CERTIFICATE HOLDER California Department of Pesticide Regulation Licensing and Certification Program 1001 I Street P.O. Box 4015 Sacramento, CA 95812-4015	CANCELLATION 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.

NAME OF SURETY

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)

Signature of Attorney-in-fact
of Surety

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

STATE OF CALIFORNIA
DEPARTMENT OF PESTICIDE REGULATION
LIABILITY CERTIFICATION STATEMENT
MAINTENANCE GARDENER PEST CONTROL
BUSINESS LICENSE
PR-PML-170 (REV. 7/03)

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>

I, _____ certify that I engage in pest control for hire as
an incidental part of my regular Maintenance Gardening business.

I will respond to any damages I may cause while performing activities through the use of my own personal
assets.

I certify that there are no unpaid judgments against my company resulting from lawsuits filed against the
business.

I certify that there are no current lawsuits filed against my company relating to pest control activities.

I certify that there are no liens on my personal or real property due to unpaid taxes.

THE BUSINESS NAME IS _____

**I DECLARE UNDER PENALTY OF PERJURY, UNDER THE LAWS OF THE STATE OF CALIFORNIA,
THAT THE FOREGOING IS TRUE AND CORRECT.**

SIGNATURE _____ DATE _____

VISA/MASTERCARD TRANSACTION



Mail completed application with this payment form to:

For Licensees:

ATTN: Cashier
Department of Pesticide Regulation
P.O. Box 4015
Sacramento, CA 95812

For Continuing Education Sponsors:

Cashier
ATTN: CE
Department of Pesticide Regulation
P.O. Box 1379
Sacramento, CA 95812

ALL SECTIONS MUST BE COMPLETED. **DO NOT E-MAIL OR FAX this form.**

FAILURE TO COMPLETE ALL SECTIONS WILL RESULT IN YOUR APPLICATION BEING DELAYED OR REJECTED.

NAME OF CARDHOLDER (NAME APPEARING ON THE CARD)

VISA or MASTERCARD ONLY. No other cards are accepted.

CHECK ONE: VISA MASTERCARD

CARD NUMBER
(16 DIGITS)

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Expiration Date

--	--	--	--

Total Amount of Payment

SIGNATURE OF CARDHOLDER (NAME APPEARING ON THE CARD)

PAYMENT FOR:

MAILING ADDRESS (Street or P.O. Box Number)

City, State, and ZIP Code

TELEPHONE NUMBER (including area code)

(DEPARTMENT USE ONLY) - ENTERED ON POS BY:

TODAY'S DATE

DATE MAILED

BY: