

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 Insurance (sample)
 - Certificate of Insurance (PR-PML-052)
 - Pest Control Business Licensees Bond (PR-PML-053)
 - Certificate of Deposit (no document is available; proof from bank issuer is required)
- Visa/Mastercard Transaction Form
- Customer Service Survey 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

**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
- Household or industrial sanitation services
- 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.

**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

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.

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

For pest control businesses that do **not** use pesticides as a method of pest control, please contact the Licensing and Certification Program at (916) 445-4028.

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.

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

Continued on next page

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 at <<http://www.dir.ca.gov/SIP/sip.html>>.

	Then you must ...
Valid worker’s compensation insurance policy	<ul style="list-style-type: none"> • State the carrier’s name, policy number, and expiration date on the application • Write “not applicable” if your business has no employees • Sign your application
Expired worker’s compensation insurance policy	<p>Choose one of the following:</p> <ul style="list-style-type: none"> • Submit a certificate of insurance from your insurer stating that the policy is valid, along with the expiration date • Complete the <i>Worker’s Compensation Insurance Verification</i> form (PR-PML-120), which can be found on DPR’s Web site at <http://www.cdpr.ca.gov/docs/license/lcforms.htm>

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. For a list of county registration fees, please go to our Web site at <<http://www.cdpr.ca.gov/docs/license/liccert.htm>>.

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:

	Then your license will ...
A through L	Expire on December 31 of even-numbered years (e.g., 2008, 2010, 2012, etc.)
M through Z (including businesses starting with "The")	Expire on December 31 of odd-numbered years (e.g., 2007, 2009, 2011, etc.)

For example, if you applied for a license under the name "Plum Corporation" in January 2007, then your license would expire on December 31, 2007 and your fee would be \$160. If you applied for a license under the name "Cools Pest Control" in January 2007, then your license would expire on December 31, 2008 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.

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

Continued on next page

Timelines for processing applications

DPR has established time periods for processing permit applications, in compliance with Government Code sections 15374-15378. **DPR may take up to a hundred days to complete the processing of your application.** Failure to comply with these time periods may be appealed to the Agency Secretary, California Environmental Protection Agency, P.O. Box 2815, 1001 I Street, 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.

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.

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.

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
1001 I Street
P.O. Box 4015
Sacramento, CA 95812-4015

For more information

You can 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>.

PEST CONTROL BUSINESS LICENSE APPLICATION

PR-PML-042 (REV. 01/10)

Page 1 of 4

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/>

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

<input type="checkbox"/> NEW APPLICATION	<input type="checkbox"/> OTHER (Specify) _____
<input type="checkbox"/> ADD BRANCH LOCATION	BUSINESS LICENSE # _____

B. Business Information (Main Location). 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)

E. Branch Locations. Attach additional sheet if necessary.

1) LOCATION ADDRESS (Number and Street or P.O. Box Number)	(City)	(County)	(State)	(ZIP Code)
2) LOCATION ADDRESS (Number and Street or P.O. Box Number)	(City)	(County)	(State)	(ZIP Code)
3) LOCATION ADDRESS (Number and Street or P.O. Box Number)	(City)	(County)	(State)	(ZIP Code)

F. Qualified Person. Each business location must have a qualified person who possesses a valid Qualified Applicator License with the appropriate pest control category(ies). The qualified person is responsible for supervising all pest control operations performed by each main and branch location. Attach additional sheet if necessary.

1) QUALIFIED PERSON'S NAME	QUALIFIED APPLICATOR LICENSE NUMBER	PEST CONTROL CATEGORY(IES)	EXPIRATION DATE
BUSINESS LOCATION ADDRESS (Number and Street)	(City)	(State)	(ZIP Code)
2) QUALIFIED PERSON'S NAME	QUALIFIED APPLICATOR LICENSE NUMBER	PEST CONTROL CATEGORY(IES)	EXPIRATION DATE
BUSINESS LOCATION ADDRESS (Number and Street)	(City)	(State)	(ZIP Code)
3) QUALIFIED PERSON'S NAME	QUALIFIED APPLICATOR LICENSE NUMBER	PEST CONTROL CATEGORY(IES)	EXPIRATION DATE
BUSINESS LOCATION ADDRESS (Number and Street)	(City)	(State)	(ZIP Code)

Application Continued on Reverse Side

PEST CONTROL BUSINESS LICENSE APPLICATION

G. Pest Control Business Type.

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

<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 <input type="checkbox"/> Product	<input type="checkbox"/> Seed Treatment
<input type="checkbox"/> Aerial/Ground Application	<input type="checkbox"/> Microbial Control	<input type="checkbox"/> Stored Ag. Prod./Post Harvest Treatment	<input type="checkbox"/> Vertebrate Control (incl. Birds)
<input type="checkbox"/> Landscape Maintenance	<input type="checkbox"/> Nematode Control	<input type="checkbox"/> Other _____	<input type="checkbox"/> Weed Control
<input type="checkbox"/> Indoor Plant Maintenance	<input type="checkbox"/> Insect, Mites & Other Invertebrates		<input type="checkbox"/> Wood Preservation

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

<input type="checkbox"/> Residential, Industrial & Institutional	<input type="checkbox"/> Landscape Maintenance	<input type="checkbox"/> Right-of-Way	<input type="checkbox"/> Sewer Line Root Control
<input type="checkbox"/> Plant Agriculture	<input type="checkbox"/> Forest	<input type="checkbox"/> Aquatic	<input type="checkbox"/> Field Fumigation
<input type="checkbox"/> Regulatory	<input type="checkbox"/> Seed Treatment	<input type="checkbox"/> Animal Agriculture	<input type="checkbox"/> Microbial
<input type="checkbox"/> Demonstration & Research	<input type="checkbox"/> Health Related	<input type="checkbox"/> Wood Treatment	

H. 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.

I. 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
--	---------------	-----------------

J. Fees. All fees are non-transferable and non-refundable.

	1-Year	or	2-Year	#Branches	=	Total Fees
Main Location	<input type="checkbox"/> \$160		<input type="checkbox"/> \$320	--	=	\$ _____
Branch Location	<input type="checkbox"/> \$80		<input type="checkbox"/> \$160	x _____	=	\$ _____
Total Fee(s) Due/Enclosed						\$ _____

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

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.

K. 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.) NO

L. 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
---------------------	-------------

FOR OFFICIAL USE ONLY	BUSINESS LICENSE NUMBER	PROBLEM	COMPUTER ENTRY DATE
-----------------------	-------------------------	---------	---------------------

PEST CONTROL BUSINESS LICENSE APPLICATION INSTRUCTIONS**A. Application Type.** Check the appropriate box(es).

- New Application:** If you are applying for the Pest Control Business License for the first time.
- Add Branch Location:** Adding a pest control business branch location to your license.
- Other:** Any other change, please specify the change.

B. Business Information (Main Location). 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.**E. Branch Locations.** Complete this section to add a branch location to your business. Enter the business location address for each branch location added. If the branch name is different from the main business name, indicate the branch name and submit a "Fictitious Business Name Statement" which may be obtained from the county clerk's office.**F. Qualified Person.** Each principal and branch office must have a qualified person who possesses a valid Qualified Applicator License with the appropriate pest control category(ies) to engage in the business of pest control from that location. The qualified person is responsible for supervising all pest control operations performed by each main and branch location. 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.**G. 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 categories your business requires to be in business. Check all that apply.**H. Liability Insurance.** Each applicant for a Pest Control Business License must demonstrate financial responsibility that meets the requirements of Section 6524 of Title 3, California Code of Regulations. (Note: Coverage must include chemical liability.) Financial responsibility is demonstrated by one of the following methods:

PEST CONTROL BUSINESS LICENSE APPLICATION INSTRUCTIONS

PR-PML-042 (REV. 01/10)

Page 4 of 4

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. A Certificate of Deposit that meets the Department's minimum requirements of Section 6524 of Title 3, California Code of Regulations.
3. Deposit with and on a form provided by the Director a surety bond issued by a bonding company doing business in California. Use the Pest Control Business Licensees Bond form (PR-PML-053).
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.

- I. **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.

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

	<u>One-Year*</u>	<u>Two-Year*</u>
Main Location:	\$160	\$320
Branch Location:	\$ 80	\$160

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

New Application Fee Schedule Example:

<i>Year Submitting Application</i>	<i>License Name</i>	<i>License Expiration Year</i>	<i>Main License Application Fee</i>	<i>Branch License Application Fee</i>
2010	A-L	2010	\$160	\$ 80
	M-Z	2011	\$320	\$160
2011	A-L	2012	\$320	\$160
	M-Z	2011	\$160	\$ 80
2012	A-L	2012	\$160	\$ 80
	M-Z	2013	\$320	\$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.*

- K. **Read Before Signing.** Check appropriate box.
- L. **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.

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.

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

	Option 1: Liability Insu					Option 4: Self-insurance
Pest Control Business (Ground/Fumigations)	\$100,000	\$300,000	\$50,000	\$75,000	\$75,000	N/A
Pest Control Business (Aerial)	\$100,000	\$300,000	\$100,000 per aircraft (a)	\$50,000 per aircraft (b)	\$50,000 per aircraft (b)	N/A
Maintenance Gardener Pest Control Business	\$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™ 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
		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: EA ACC \$ 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

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
------------------------------------	------

**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

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)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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: