STATE OF CALIFORNIA

PRIVATE APPLICATOR CERTIFICATE APPLICATION

PR-PML-045 (REV. 12/06)

DEPARTMENT OF PESTICIDE REGULATION
PEST MANAGEMENT AND LICENSING BRANCH
LICENSING AND CERTIFICATION PROGRAM
1001 I STREET
SACRAMENTO, CALIFORNIA 95814-2828
(916) 445-4038
FAX - (916) 445-4033
Web site: http://www.cdpr.ca.gov

☐ NEW APPLICANT ☐ RENEWAL (Private Applicator Certificate Number) _____

***NOTE:* If you have any questions concerning this application, please contact your local county agricultural commissioner's office for assistance.**

A. Applicant Information. RELATIONSHIP TO AGRICULTURAL PRODUCTION OPERATION OR HOUSEHOLDER'S PROPERTY (Check appropriate box)

☐ PROPERTY OWNER/OPERATOR ☐ *AUTHORIZED REPRESENTATIVE *(ATTACH LETTER FROM PROPERTY OWNERIOPERATOR)* ☐ EMPLOYEE

OPERATOR OR BUSINESS NAME			WORK TELEPHONE NUMBER ( )
APPLICANT NAME (*Last*)	*(First)*	*(Middle Initial)*	HOME TELEPHONE NUMBER ( )
APPLICANT MAILING ADDRESS *(Number and Street)*	*(City)*		
(County)	*(State)*	*(ZIP Code)*	

B. Continuing Education Information. Each course must be a minimum of one hour in length. Attach the certificate of completion or other approved documentation as proof of attendance for each course.

COURSE/SEMINAR/CONFERENCE TITLE(S)	I.D. CODE NUMBER	DATE(S) ATTENDED	TOTAL HOURS	
			Laws and Regulations	Other

☐ DENIAL (Reason)

C. Passed Recertification Examination ☐ **Yes** ☐ **No** **Score** _____**%**

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

APPLICANT SIGNATURE	DATE SIGNED/CERTIFIED

FOR OFFICIAL USE ONLY	CERTIFICATE NUMBER	CERTIFICATE ISSUANCE DATE	CERTIFICATE EXPIRATION DATE
	PA -		DEC. 31
CERTIFICATE ISSUED BY		TITLE	CAC TELFPHONE NUMBER ( )

*An *AUTHORIZED REPRESENTATIVE* is defined as: a person designated, in writing by the operator of the property, to represent the operator of the property in obtaining a restricted material permit.

** The *CERTIFICATE NUMBER* format is PA - county code - 5 digit number.