

**PESTICIDE BROKER LICENSE APPLICATION**

DPR-PML-217 (REV. 08/11)

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DEPARTMENT OF PESTICIDE REGULATION  
PEST MANAGEMENT AND LICENSING BRANCH  
LICENSING AND CERTIFICATION PROGRAM  
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"/> ADD BRANCH LOCATION	<input type="checkbox"/> DUPLICATE / REPLACEMENT LICENSE	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)
3) 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)
4) LOCATION ADDRESS (Number and Street or P.O. Box Number)	(City)	(County)	(State)	(ZIP Code)
5) LOCATION ADDRESS (Number and Street or P.O. Box Number)	(City)	(County)	(State)	(ZIP Code)

**Application Continued on Reverse Side**



## PESTICIDE BROKER LICENSE APPLICATION INSTRUCTIONS

### A. Application Type

- **New Application:** If you are applying for the Pesticide Broker License for the first time.
- **Add Branch Location:** Adding a pesticide broker branch location to your license.
- **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 with a \$20 fee.
- **Other:** Any other change, please specify the change.

#### NOTE:

*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.*

### 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 11<sup>th</sup> 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 11<sup>th</sup> 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 11<sup>th</sup> 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. Pesticide Broker Business Type. Indicate the type of pesticides the business will be selling. Check all that apply.

**PESTICIDE BROKER LICENSE APPLICATION INSTRUCTIONS**

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

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.

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

**I. Declaration/Signature Block.** Sign and date your application. Mail your completed application (and enclose a check, money order or credit card payable to "Cashier, DPR" if applicable) to: Pest Management and Licensing Branch, Department of Pesticide Regulation, P.O. Box 4015, Sacramento, California 95812-4015.