

2017 RENEWAL INFORMATION FOR DPR LICENSE AND CERTIFICATE HOLDERS

Dates for Renewal

DPR encourages submitting completed renewal applications to DPR by November 1, 2017, to receive your license/certificate by December 31, 2017. If submitted after November 1, you may not receive your license/certificate by January 1.

Processing time is 60 days.

Note that submitting your renewal before October, will ensure you have your license by early December and allow you to renew with the County by the New Year.

To check if you're renewed, go to DPR's website:
<www.cdpr.ca.gov/docs/license/currlic.htm>

Address Changes

Always notify DPR immediately of any address or name changes.

Mailing of Renewal Packets

DPR is mailing renewal packets in August to provide sufficient time for license and certificate holders to submit their applications by November 1. Renewal applications must be postmarked on or before December 31, or a late fee applies.

If you did not receive your renewal application or lost it, download a renewal packet from DPR's website:
<www.cdpr.ca.gov/docs/license/liccert.htm> or email us and request a copy.

Business License Renewal Application

The following forms will be included in the renewal packet:

- Business Renewal Application PR-PML-192
- Renewal Information Requirements PR-PML-140
- Visa/MasterCard Transaction DPR-105

Renewal applications must be filled out completely, signed, and submitted with the correct fee.

Note: Your qualified applicator must be renewed before your business license can be renewed.

Individual License and Certificate Renewal

The following forms will be included in the renewal packet:

- Renewal Application PR-PML-141
- License/Certificate Renewal Information Request
- CE Records Renewal Summary PR-PML-123
- Visa/MasterCard Transaction DPR-105

Renewal applications need to be signed and must include the required CE records summary and correct fee.

Continuing Education

License and certificate holders must keep copies of their CE records for three years. DPR may request copies of your CE records at any time.

Submit the CE Records Renewal Summary, PR-PML-123 or a summary record of CE attendance from a third party professional association.

Your CE records must include:

- License/Certificate Holder's Name
- License/Certificate Number and Type
- Course Location
- Course Title
- Course Date
- DPR Course I.D. Number
- Course hours attended for each CE category
- Name of instructor or sponsoring organization
- Your Signature

General Information about CE Courses

DPR does not track CE hours for individuals, but has the ability to audit CE records.

DPR approved CE hours must be obtained during the valid period of the license or certificate. The valid period is listed on the license or certificate (from the 'date of issue' until the 'valid through' date). NO grace period is given to obtain CE hours. NO CE hours can be carried over to the next renewal period.

If renewing multiple licenses or certificates, you only need sufficient CE hours to meet the license with the most CE hours required.

Questions about your CE hours?

For questions about your CE hours, you must contact the course sponsor or your professional association. See DPR's website for current or previous years' courses and sponsors' contact info:

<http://www.cdpr.ca.gov/docs/license/cont_ed_cfm/classes.htm>

DPR List Serve

Sign up for important information and updates from DPR about Licensing and CE:

<www.cdpr.ca.gov/docs/dept/listserv/sub1113.htm>

| License or Certificate Type | DPR Staff Name and Contact Information |
|---|--|
| General Questions | <p style="text-align: center;">LicenseMail@cdpr.ca.gov</p> |
| Pest Control Advisers | <p style="text-align: center;">Rebecca Olson Rebecca.Olson@cdpr.ca.gov</p> |
| Qualified Applicator License/ Certificate | <p style="text-align: center;">Heather Allen Heather.Allen@cdpr.ca.gov</p> |
| | <p style="text-align: center;">Kenneth King Kenneth.King@cdpr.ca.gov</p> |
| | <p style="text-align: center;">Elizabeth Dummert Elizabeth.Dummert@cdpr.ca.gov</p> |
| Pest Control Businesses | <p style="text-align: center;">Alpha: A-D, S,T, U-Z Regina Maglia Regina.Maglia@cdpr.ca.gov</p> |
| | <p style="text-align: center;">Alpha: E-L, M-R, V Shernee Tousant Willie.Tousant@cdpr.ca.gov</p> |
| Pilots (APC/JPC) | <p style="text-align: center;">Regina Maglia Regina.Maglia@cdpr.ca.gov</p> |
| Dealer Designated Agents | <p style="text-align: center;">Elizabeth Dummert Elizabeth.Dummert@cdpr.ca.gov</p> |

STATE OF CALIFORNIA
MAINTENANCE GARDENER
PEST CONTROL BUSINESS RENEWAL APPLICATION

PR-PML-186 (REV. 9/04)
 Page 1 of 2

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/>

Name Change Address Change

Business License Number: _____
Business Name: _____
Address: _____
City, State, Zip: _____

IMPORTANT - PLEASE READ
 COMPLETE ALL INFORMATION AND THE RENEWAL INFORMATION REQUIREMENTS

Qualified Person. Each business location must have a qualified person who possesses a valid Qualified Applicator License or Certificate with the appropriate pest control category Q or B to engage in pest control from each location. If you need additional space, attach a separate sheet of paper.

| Name | License Number | Categories |
|-------|----------------|------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Worker's Compensation Insurance. If you have employees, provide the name of the Worker's Compensation Insurance Carrier, policy number, and policy expiration date.

 WORKER'S COMP. INSURANCE CARRIER NAME POLICY NUMBER EXPIRATION DATE

Financial Responsibility Requirement (check one):

- I declare under penalty of perjury, that as to chemical bodily injury and chemical property damage resulting from my pest control operations, I am financially able to respond to damages using my own personal assets (3CCR Section 6524)
- I have complied with this requirement by obtaining liability insurance, through the following expiration date, in an amount not less than what is specified in the financial responsibility requirements (3CCR section 6524)

 INSURANCE CARRIER NAME POLICY NUMBER EXPIRATION DATE

Submit a copy of documents certifying that you meet the financial responsibility requirements.

Fees. See Page 2 (instructions) to determine fees and payment methods. **ALL FEES ARE NON-TRANSFERABLE AND NON-REFUNDABLE.**

Indicate Amount Enclosed: \$ _____

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

 SIGNATURE TITLE DATE SIGNED

FOR OFFICIAL USE ONLY

IMPRINT PROBLEM RENEWED DATA ENTRY RC

Instructions on reverse

MAINTENANCE GARDENER PEST CONTROL BUSINESS RENEWAL APPLICATION INSTRUCTIONS**RENEWAL TIME LINE**

Renewal time lines have been established to help determine when you may expect to receive your license or certificate based on the date your renewal application is received by the Licensing and Certification Unit. Renewal time lines are posted on the Department of Pesticide Regulation's (DPR's) web site.

CHECK LIST: This list will help ensure that your renewal application is completed in full prior to mailing.

- Change of Name/Address.** 3CCR Section 6508 requires all license/ certificate holders to notify DPR immediately of any change in business name, address, qualified person, business organization, or any other information required on the application. Indicate any corrections that appear on the renewal form in the space provided.

Licenses are not transferable. In the case of change of business organization or ownership, a new application and fee are required. If you had a change in ownership or partners or have incorporated, contact us.

- Qualified Person.** Each Maintenance Gardener (MG) pest control business location must have a qualified person who possesses a Qualified Applicator Certificate or License with the appropriate pest control category Q or B to engage in pest control from each location. Provide the name(s), license type, license number and category(ies) of the qualified person who is responsible for supervising the pest control operations at the location on the space provided on the renewal form. If additional space is needed, attach a separate sheet of paper.
- Worker 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, complete the information on the renewal form; otherwise indicate non-applicable (NA).
- Financial Responsibility Requirement.** This requirement must be met. If you are able to financially respond to damages using your own personal assets, please check the first box under 3. Otherwise, provide a copy of the documents that meet the requirements of Food and Agriculture Code Section 11702 (c)(2) and 3CCR Section 6524. The MG pest control business license will not be renewed without meeting this requirement.
- Fees.** All fees are non-transferable and non-refundable. Fees must be paid for each MG pest control business license as totaled on the renewal form. A late penalty fee of fifty percent (50%) of the total renewal fee will be assessed for each license **postmarked after December 31.**

License Renewal (2 Year) and Late Penalty Fees

| | Renewal | Late Fee |
|--------------------------|----------|----------|
| MG Pest Control Business | \$160.00 | \$80.00 |

- Declaration/Signature.** Sign, title and date the renewal application form.
- Payment.** Enclose a check, money order or credit card payment payable to "Cashier, Department of Pesticide Regulation".
- Mail** the payment, completed renewal application form, and all required documents in the enclosed envelope addressed to: Cashier, Department of Pesticide Regulation, P.O. Box 4015, Sacramento, California 95812-4015.

Questions? Your business name and license number will be posted to DPR's web site as soon as your application is approved and logged into the database. Our web site address is <http://www.cdpr.ca.gov/docs/license/currlic.htm>. For other questions about your application, please contact the Licensing and Certification Program at (916) 445-4038.

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

**MAINTENANCE GARDENER PEST CONTROL BUSINESS
LICENSE RENEWAL INFORMATION REQUIREMENT**

PR-PML-137 (EST.7/01)

DEPARTMENT OF PESTICIDE REGULATION
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>

| A. Officer/Owner Information | | Fax # | E-mail address | Business Phone Number |
|-------------------------------------|--|-------|----------------|-----------------------|
| Officer/Owner Name | | Title | | |
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |

B. Qualified Applicator Licensee & Certificate Holder Information

In order for the Maintenance Gardener Pest Control Business license to be valid, the business must have a Qualified Applicator Licensee or a Qualified Applicator Certificate holder with Category Q (landscape maintenance pest control). The Qualified Applicator Licensee or the Qualified Applicator Certificate holder is responsible for supervising the pest control operations of your business.

Please list the qualified applicator(s) for your business.

| | | | | |
|----------------------------|-----------------|---|--|--|
| Qualified Applicator Name | | | | |
| 1. | | | | |
| License/Certificate Number | Expiration Date | License/Certificate Type (Check one) | | |
| | | <input type="checkbox"/> Qualified Applicator License <input type="checkbox"/> Qualified Applicator Certificate | | |
| Qualified Applicator Name | | | | |
| 2. | | | | |
| License/Certificate Number | Expiration Date | License/Certificate Type (Check one) | | |
| | | <input type="checkbox"/> Qualified Applicator License <input type="checkbox"/> Qualified Applicator Certificate | | |
| Qualified Applicator Name | | | | |
| 3. | | | | |
| License/Certificate Number | Expiration Date | License/Certificate Type (Check one) | | |
| | | <input type="checkbox"/> Qualified Applicator License <input type="checkbox"/> Qualified Applicator Certificate | | |
| Qualified Applicator Name | | | | |
| 4. | | | | |
| License/Certificate Number | Expiration Date | License/Certificate Type (Check one) | | |
| | | <input type="checkbox"/> Qualified Applicator License <input type="checkbox"/> Qualified Applicator Certificate | | |

C. Pest Control Business Information

1. Please indicate the type of pest control your business performs by checking the appropriate box(es) below.

| | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Interior Landscape Maintenance | <input type="checkbox"/> Turf Pest Control | <input type="checkbox"/> Weed Control |
| <input type="checkbox"/> Exterior Landscape Maintenance | <input type="checkbox"/> Ornamental Pest Control | |

2. Please indicate the county(ies) you will be working in by checking the appropriate county(ies) below.

| | | | | |
|--|--|---|--|---|
| <input type="checkbox"/> 1. Alameda | <input type="checkbox"/> 13. Imperial | <input type="checkbox"/> 25. Modoc | <input type="checkbox"/> 37. San Diego | <input type="checkbox"/> 49. Sonoma |
| <input type="checkbox"/> 2. Alpine | <input type="checkbox"/> 14. Inyo | <input type="checkbox"/> 26. Mono | <input type="checkbox"/> 38. San Francisco | <input type="checkbox"/> 50. Stanislaus |
| <input type="checkbox"/> 3. Amador | <input type="checkbox"/> 15. Kern | <input type="checkbox"/> 27. Monterey | <input type="checkbox"/> 39. San Joaquin | <input type="checkbox"/> 51. Sutter |
| <input type="checkbox"/> 4. Butte | <input type="checkbox"/> 16. Kings | <input type="checkbox"/> 28. Napa | <input type="checkbox"/> 40. San Luis Obispo | <input type="checkbox"/> 52. Tehama |
| <input type="checkbox"/> 5. Calaveras | <input type="checkbox"/> 17. Lake | <input type="checkbox"/> 29. Nevada | <input type="checkbox"/> 41. San Mateo | <input type="checkbox"/> 53. Trinity |
| <input type="checkbox"/> 6. Colusa | <input type="checkbox"/> 18. Lassen | <input type="checkbox"/> 30. Orange | <input type="checkbox"/> 42. Santa Barbara | <input type="checkbox"/> 54. Tulare |
| <input type="checkbox"/> 7. Contra Costa | <input type="checkbox"/> 19. Los Angeles | <input type="checkbox"/> 31. Placer | <input type="checkbox"/> 43. Santa Clara | <input type="checkbox"/> 55. Tuolumne |
| <input type="checkbox"/> 8. Del Norte | <input type="checkbox"/> 20. Madera | <input type="checkbox"/> 32. Plumas | <input type="checkbox"/> 44. Santa Cruz | <input type="checkbox"/> 56. Ventura |
| <input type="checkbox"/> 9. El Dorado | <input type="checkbox"/> 21. Marin | <input type="checkbox"/> 33. Riverside | <input type="checkbox"/> 45. Shasta | <input type="checkbox"/> 57. Yolo |
| <input type="checkbox"/> 10. Fresno | <input type="checkbox"/> 22. Mariposa | <input type="checkbox"/> 34. Sacramento | <input type="checkbox"/> 46. Sierra | <input type="checkbox"/> 58. Yuba |
| <input type="checkbox"/> 11. Glenn | <input type="checkbox"/> 23. Mendocino | <input type="checkbox"/> 35. San Benito | <input type="checkbox"/> 47. Siskiyou | |
| <input type="checkbox"/> 12. Humboldt | <input type="checkbox"/> 24. Merced | <input type="checkbox"/> 36. San Bernardino | <input type="checkbox"/> 48. Solano | |

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:

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|