

Pest Control Business License Application

LIC-042 (Rev. 07/23/07/24)

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For complete instructions, see 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"/> Owner / Entity-Type Change	<input type="checkbox"/> Change / Update Qualified Applicator (Complete Section G)
	<input type="checkbox"/> Add Branch Location	<input type="checkbox"/> Duplicate / Replacement License	

B. Business Information (Main Location).

Business Name		DBA		
E-Mail Address	Pest Control Business License #		Phone Number	
Business Mailing Address (Number and Street or PO Box)	(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"/> Partnership	<input type="checkbox"/> Non-Profit Association	<input type="checkbox"/> Limited Liability Partnership		

C. Former Business Name. Enter former business name and license number below.

Former Business Name	License Number
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D. Business Owner(s). Attach additional sheet if necessary.

1) Name	Title		
Mailing Address (Number and Street or PO Box)	(City)	(State)	(ZIP Code)

E. Business Officer(s). Attach additional sheet if necessary.

1) Name	Title		
Mailing Address (Number and Street or PO Box)	(City)	(State)	(ZIP Code)
2) Name	Title		
Mailing Address (Number and Street or PO Box)	(City)	(State)	(ZIP Code)

F. Qualified Applicator at Each Business Location. Each business and branch location must have its own qualified applicator who possesses a valid Qualified Applicator License (QAL) with the appropriate pest control category(ies). The qualified applicator is responsible for supervising all pest control operations performed by each main or branch location. Attach an additional sheet if necessary.

1) Qualified Applicator's Name – Main Business Location	QAL Number and Category(ies)	Expiration Date
Business Location Address (Number and Street)	(City)	(State) (ZIP Code)
2) Qualified Applicator's Name – Branch Business Location	QAL Number and Category(ies)	Expiration Date
Branch Location Address (Number and Street)	(City)	(State) (ZIP Code)

G. Qualified Applicator Changes. Please complete this section to update DPR's records if the qualified applicator for your business operation(s) has changed. Attach additional sheet if necessary.

1) Current Qualified Applicator's Name	QAL Number and Category(ies)	Stop Date
New Qualified Applicator's Name	QAL Number and Category(ies)	Start Date
2) Current Qualified Applicator's Name	QAL Number and Category(ies)	Stop Date
New Qualified Applicator's Name	QAL Number and Category(ies)	Start Date

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H. Pest Control Business Type.

1) Select the type(s) of pest control your business will engage in. Select all that apply.

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

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

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> A. Residential, Industrial, & Institutional | <input type="checkbox"/> E. Forest | <input type="checkbox"/> I. Animal Agriculture | <input type="checkbox"/> M. Non-Soil Fumigation |
| <input type="checkbox"/> B. Landscape Maintenance | <input type="checkbox"/> F. Aquatic | <input type="checkbox"/> J. Demonstration & Research | |
| <input type="checkbox"/> C. Right-of-Way | <input type="checkbox"/> G. Regulatory | <input type="checkbox"/> K. Health Related | |
| <input type="checkbox"/> D. Plant Agriculture | <input type="checkbox"/> H. Seed Treatment | <input type="checkbox"/> L. Soil Fumigation | |

I. Financial Responsibility. Each applicant must show proof of financial responsibility that meets the requirements of section 6524 of Title 3, of the California Code of Regulations (3 CCR). Proof of financial responsibility is demonstrated by having your insurance carrier complete either the DPR Certificate of Insurance form (DPR-PML-052) or an ACORD. See instructions for details.

J. Worker's Compensation Insurance. Each applicant who is an employer, as defined in Section 3300 of the California Labor Code, is required to carry worker's compensation insurance. If your business has no employees, write "No employees" below.

Worker's Compensation Insurance Carrier Name	Policy Number	Expiration Date
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K. Fees. All fees are non-transferable and non-refundable. (See "New License Fee Examples" on page 4)

	1-Year	2-Year	# Branches	Total Fees
Main Location	\$ 460360	or \$ 329720	--	= \$ _____
Branch Location	\$ 80180	or \$ 460360	X _____	= \$ _____
Address Change, Duplicate / Replacement Fee	\$20	--	X _____	= \$ _____
Total Fee(s) Due				= \$ _____

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

L. 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 (Attach explanation on separate page) No

M. I declare under penalty of perjury, under laws of the State of California, that the information submitted is true and correct. (Signature must be owner, officer, or QAL holder.)

Applicant Signature

Date Signed

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

A. Application Type:

- **New Application:** If you are applying for a Pest Control Business License for the first time.
- **Name/Address Change:** Address changes may be made directly on the application form. For address changes, a \$20 replacement fee is required. See section C for information on business name changes.
- **Add Branch Location:** List additional pest control business branch location(s).
- **Owner/Entity-Type Change:** Every business shall immediately notify DPR of any changes in ownership or entity-type. For business name or entity-type changes, you must re-apply as a new applicant and pay the appropriate fees.
- **Duplicate/Replacement License:** For a duplicate or replacement license, a \$20 replacement fee is required.
- **Change/Update Qualified Applicator:** For changes in a business's Qualified Applicator(s), refer to section G.

B. Business Information (Main Location): Enter your business name and DBA (if applicable). Enter E-Mail address, current DPR pest control business license number (if applicable), business phone number, business mailing address, business location address (if different from mailing address), and business type. Submit the required supporting documentation with your new application or name change (see section C) according to your business type below:

- **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.
- **Corporation, Limited Liability Company, or Limited Liability Partnership:** Submit a current copy of the "Certificate of Good Standing" which may be obtained from the California Secretary of State, Certificate Department.
- **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 California Secretary of State, Certificate Department. 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 you are changing your business name, enter your former business name and license number. Submit the required supporting documentation with your name change according to your business type in section B. A \$20 replacement fee is required. Note: name changes may affect your current renewal cycle and additional fees may apply.

D. Business Owner(s): List the name, title, and mailing address of the business owner(s). If necessary, attach an additional sheet of paper.

E. Business Officer(s): List the name, title, and mailing address of the business officer(s). If necessary, attach an additional sheet of paper.

F. Qualified Applicator at Each Business Location: Each business and branch office must have a qualified applicator who possesses a valid Qualified Applicator License (QAL) with the appropriate pest control category(ies) to engage in the business of pest control from that location. Each main and branch location must have its own qualified applicator responsible for supervising all pest control operations performed at that location. Use an additional sheet of paper if necessary. Enter the name(s) and license number(s) of the qualified applicators for the business.

G. Qualified Applicator Changes: Enter the name(s) of the new qualified applicator(s) for your business. Each business must have a qualified person who possesses a valid Qualified Applicator License (QAL) with the appropriate category(ies).

H. 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 category(ies) your business requires to be in business. Check all that apply.

I. Financial Responsibility: Each applicant for a Pest Control Business License must demonstrate financial responsibility that meets the requirements of Title 3, California Code of Regulations (3 CCR) section 6524. (Note: Coverage must include chemical liability.) Financial responsibility is demonstrated by one of the following methods:

1. File with DPR an approved certificate of insurance certifying liability insurance coverage that meets the minimum requirements in 3 CCR 6524.
 - An ACORD Certificate of Insurance from your insurance company. If you choose the ACORD certificate, the following information must appear in the "Certificate Holder" box at the bottom of the form:
 - ◊ **Department of Pesticide Regulation**
DPRinsurance@cdpr.ca.gov
 - A DPR Certificate of Insurance form (DPR-PML-052, Rev. 08/11)
2. A \$75,000 Certificate of Deposit that meets the minimum requirements in 3 CCR section 6524.
3. A \$75,000 surety bond that meets the minimum requirements of 3 CCR section 6524.

See the Financial Responsibility Options chart in 3 CCR section 6524 for specific coverage requirements. If you have questions, E-Mail DPR.

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J. Worker's Compensation Insurance: Each applicant who is an employer as defined in Section 3300 of the California 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.

K. Fees: All fees are non-transferable and non-refundable.

* Your license fee is based on whether you are applying for a license for a Main or Branch Location, whether you are applying in an 'even' or 'odd' calendar year, and whether your business name begins with the letters 'A-L' or 'M-Z.' This is because DPR has a set two-year renewal cycle based on the business' name. See the following examples to help determine the appropriate fee.

New License Fee Examples**New Application – Even Year (i.e. 2022, 2024, 2026...)**

Business Name Starts With...	You Pay...	Main Fee Amount	Branch Fee Amount
A-L	One-year Fee	\$160360	\$80180
M-Z	Two-year Fee	\$320720	\$160360

New Application – Odd year (i.e. 2023, 2025, 2027...)

Business Name Starts With...	You Pay...	Main Fee Amount	Branch Fee Amount
A-L	Two-year Fee	\$320720	\$160360
M-Z	One-year Fee	\$160360	\$80180

Address Change or Duplicate / Replacement Fee: \$20

L. Read Before Signing: Check appropriate box and provide explanation, if necessary.

M. Declaration / Signature Block: Sign here to indicate that all of the information submitted is true and correct. Signature must be owner, officer, or QAL holder.

Mailing Instructions: Enclose a check, money order, or credit card information payable to "Cashier, DPR" and mail to:

Department of Pesticide Regulation
Attn: Cashier MS-4A
PO Box 4015
Sacramento, CA 95812-4015