

**MAINTENANCE GARDENER PEST CONTROL
BUSINESS RENEWAL APPLICATION Maintenance
Gardener Pest Control Business Renewal Application**

DPR-PMLLIC-186 (REV. Rev. 04/1807/24)

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DEPARTMENT OF PESTICIDE REGULATION
Department of Pesticide Regulation
PEST MANAGEMENT AND LICENSING
BRANCH
LICENSING AND CERTIFICATION PROGRAM
Licensing and Certification Program
P.O. BOX 4015
SACRAMENTO, CALIFORNIA
95812-4015
(916) 445-4038
E-Mail: LicenseMail@cdpr.ca.gov
Web site: http://www.cdpr.ca.gov

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

| | |
|--------------------------------------|---|
| <input type="checkbox"/> Name Change | <input type="checkbox"/> Mailing Address Change |
| _____ | |
| _____ | |
| _____ | |
| <i>Enter Changes Above</i> | |

IMPORTANT - PLEASE READ Important - Please Read

A separate renewal application is required for each Maintenance Gardener business location.
COMPLETE ALL FIELDS BELOW. SEE PAGE 2 FOR COMPLETE INSTRUCTIONS. Complete all fields below. See page 2 for complete instructions.

Qualified Applicator ~~Qualified Applicator~~. Each business location must have a qualified applicator who possesses a valid Qualified Applicator License (QAL) with category "B" or a Qualified Applicator Certificate (QAC) with 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 / Certificate Number: _____ Category: _____

Worker's Compensation Insurance ~~Worker's Compensation Insurance~~. If you have employees, provide the name of the Worker's Compensation Insurance Carrier, policy number, and policy expiration date. If you **DO NOT** ~~do not~~ have employees, please note 'no employees' in the carrier name field below.

~~WORKER'S COMP. INSURANCE CARRIER NAME~~
Worker's Comp. Insurance Carrier Name

~~POLICY NUMBER~~
Policy Number

~~EXPIRATION DATE~~
Expiration Date

Financial Responsibility Requirement ~~Financial Responsibility Requirement~~ (check one). Submit current financial responsibility documents with your renewal.

- 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~~
Insurance Carrier Name

~~POLICY NUMBER~~
Policy Number

~~EXPIRATION DATE~~
Expiration Date

Fees ~~Fees~~. Enclose a check, money order, or credit card information for the total amount due. Make payable to "DPR Cashier." **ALL FEES ARE NON-TRANSFERABLE AND NON-REFUNDABLE.** ~~All fees are non-transferable and non-refundable.~~ Mail payment, completed application form, and proof of financial responsibility documents to: ~~Cashier, Department of Pesticide Regulation, P.O. Box 4015 MS-4A, Sacramento, CA 95812-4015.~~ Department of Pesticide Regulation, Attn: Cashier MS-4A, PO Box 4015, Sacramento, CA 95812-4015.

Amount Enclosed: \$ _____

~~E-mail Contact~~**E-Mail Contact** (optional). ~~please~~**Please** provide your ~~e~~**E-m**ail address below:

~~E-MAIL ADDRESS~~**E-Mail Address**

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~~**Signature**

~~PRINT NAME~~**Print Name**

~~TITLE~~**Title**

~~DATE SIGNED~~**Date Signed**

Instructions on page 2.

STATE OF CALIFORNIA ~~State of California~~

~~MAINTENANCE GARDENER PEST CONTROL BUSINESS RENEWAL APPLICATION INSTRUCTIONS~~
Maintenance Gardener Pest Control Business Renewal Application Instructions

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

INSTRUCTIONS: ~~Instructions:~~ To ensure that your renewal application is completed in full prior to mailing, review the following:

Change of Name/Address:~~Change of Name / Address:~~ 3CCR Section 6508 requires all license / certificate holders to notify DPR immediately, in writing, of any change in information required on the application. Indicate any corrections that appear on the renewal form in the space provided.

Licenses are not transferable. ~~A new application and fee are required for a change in business organization (Corporation, Partnership, Individual, Non-Profit, Limited Liability, and Limited Liability Partnership), or ownership.~~
Licenses are not transferable. A new application and fee are required for a change in business organization (Corporation, Partnership, Individual, Non-Profit, Limited Liability, and Limited Liability Partnership), or ownership.

Qualified Applicator:~~Qualified Applicator:~~ Each Maintenance Gardener (MG) pest control business location must have a qualified applicator who possesses a Qualified Applicator Certificate (category Q or B) or License (category B) to engage in pest control ~~from each location~~. Provide the name(s), license/certificate number, and category of the qualified applicator who is responsible for supervising the pest control operations ~~at the location on the space provided of the business stated on the renewal form. If additional space is needed, attach a separate sheet of paper.~~ **If the designated qualified applicator's license or certificate is expiring, they must renew before the business license can be renewed.**~~If the designated qualified applicator's license or certificate is expiring, they must renew before the business license can be renewed.~~

Worker Compensation Insurance:~~Worker 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, complete the information on the renewal form; otherwise indicate 'no employees'.

Financial Responsibility Requirement:~~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~~**this section**. 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:~~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 renewal fee will be assessed for each license **postmarked after December 31**. Enclose a check, money order, or credit card information payable to: "DPR Cashier."

License Renewal (2 Year) and Late Penalty Fees

| | Renewal | Late Fee |
|--------------------------|----------------------------------|---------------------------------|
| MG Pest Control Business | \$460.00 \$360 | \$80.00 \$180 |

~~**Declaration/Signature:**Declaration / Signature:~~ Sign, title, and date the renewal application form.

~~**Mail:Mailing Instructions:**~~ Send payment, completed renewal application form, and all proof of financial responsibility documents to:

~~Cashier,~~Department of Pesticide Regulation
~~Attn: Cashier MS-4A~~
~~P.O. Box 4015, MS-4A~~
Sacramento, ~~California~~CA 95812-4015

~~Your license number will be posted to DPR's web site <<http://www.cdpr.ca.gov/docs/license/currlic.htm>> as soon as your license is renewed.~~~~**Questions?**~~ Your business name and license number will be posted to the valid license list on DPR's Web site as soon as your application is approved and logged into the database. For other questions about your application, please contact the Licensing and Certification Program at (916) 445-4038 or by E-Mail at LicenseMail@cdpr.ca.gov.