

**PEST CONTROL DEALER LICENSE  
RENEWAL APPLICATION**  
**Pest Control Dealer License Renewal Application**

DPR-PMLLIC-191 (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> <i>Enter Changes Above</i>	

**IMPORTANT - PLEASE READ** Important - Please Read

COMPLETE ALL FIELDS BELOW - SEE PAGE 2 FOR COMPLETE INSTRUCTIONS. Complete all fields below. See page 2 for complete instructions.

**Qualified Person - Qualified Person.**

Each business location must have a qualified person who possesses a valid Agricultural Pest Control Adviser License (PCA), Pest Control Dealer Designated Agent License (DDA), Pest Control Pilot Certificate, or Qualified Applicator License (QAL) to engage in pest control from each location. If you need additional space, attach a separate sheet of paper.

**Main / Branch License Number**

**Main / Branch Location Address**

**Qualified Person's Name and License Number**

*(The Qualified Person's license must be renewed before the Dealer License is renewed)*  
*(The Qualified Person's license must be renewed before the Dealer License is renewed)*

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**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 the payment, completed application form, and required 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-mail Mail 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.

\_\_\_\_\_

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\_\_\_\_\_

SIGNATURE  
Signature

PRINT NAME  
Print Name

TITLE  
Title

DATE SIGNED  
Date Signed

**Instructions on Page 2**

**PEST CONTROL DEALER LICENSE RENEWAL APPLICATION INSTRUCTIONS** Pest Control Dealer License 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 help ensure that your renewal application is completed before 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 is required if you had a change of business organization (Corporation, Partnership, Individual, Non-Profit, Limited Liability, and Limited Liability Partnership), or ownership. **Licenses are not transferable.** A new application is required if you had a change in business organization (Corporation, Partnership, Individual, Non-Profit, Limited Liability, and Limited Liability Partnership), or ownership.**Qualified Person.** Qualified Person: Each pest control business location (Main or Branch) must have a qualified person who possesses a valid Agricultural Pest Control Adviser License (PCA), Pest Control Dealer Designated Agent License (DDA), Pest Control Pilot Certificate, or Qualified Applicator License (QAL) to engage in pest control from each location. Provide the name(s) and license/certificate number(s) of the qualified person who is responsible for each location in the space provided on the renewal form. If additional space is needed, attach a separate sheet of paper. **If the qualified person's license is expiring, they must renew before the dealer license can be renewed.** If the qualified person's license is expiring, they must renew before the dealer license can be renewed.**Fees.** Fees: ~~All fees are non-transferable and non-refundable.~~ **All fees are non-transferable and non-refundable.** Fees must be paid for each pest control dealer license location (Main and Branch) 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		Renewal	Late Fee
Pest Control Dealer License (Main)	<del>\$320.00</del> <u>720</u>	<del>\$160.00</del> <u>360</u>	Pest Control Dealer License (Branch)	<del>\$160.00</del> <u>360</u>	<del>\$80.00</del> <u>180</u>

**Declaration/Signature.** Declaration / Signature: Sign, title, and date the renewal application form.**Mail-Mailing Instructions:** Send payment, completed renewal application form, and all required 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](mailto:LicenseMail@cdpr.ca.gov).