

PESTICIDE BROKER LICENSE APPLICATION

Pesticide Broker License Application

DPR-PMLIC-217 (REV. 10/1807/24)

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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 Sacramento, CALIFORNIA 95812-4015
(916) 445-4038
FAX (916) 445-4033
E-Mail: LicenseMail@cdpr.ca.gov
Web site: http://www.cdpr.ca.gov/

FOR COMPLETE INSTRUCTIONS SEE PAGE 3. For complete instructions, see page 3.

A. Application Type. Check the appropriate box(es).

Form with checkboxes for NEW APPLICATION, NAME / ADDRESS CHANGE, ADD BRANCH LOCATION, DUPLICATE / REPLACEMENT LICENSE, and BROKER LICENSE #.

B. Business Information (Main Location).

Form for Business Information including fields for BUSINESS NAME, E-MAIL ADDRESS, FAX NUMBER, TELEPHONE NUMBER, BUSINESS MAILING ADDRESS, BUSINESS LOCATION ADDRESS, and BUSINESS TYPE.

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

Form for Former Business Name with fields for FORMER BUSINESS NAME and LICENSE NUMBER (optional).

D. Business Officers or Owners. Attach additional sheet if necessary.

Form for Business Officers or Owners with multiple rows for NAME, MAILING ADDRESS, and TITLE.

E. Branch Locations. Attach additional sheet if necessary.

Form for Branch Locations with fields for LOCATION ADDRESS, CITY, COUNTY, STATE, and ZIP CODE.

2) LOCATION ADDRESS (Number and Street or P.O. Box Number) Location Address (Number and Street or PO Box Number)	{City}{City}	{County}{County}	{State}{State}	{ZIP Code}{ZIP Code}
3) LOCATION ADDRESS (Number and Street or P.O. Box Number) Location Address (Number and Street or PO Box Number)	{City}{City}	{County}{County}	{State}{State}	{ZIP Code}{ZIP Code}
4) LOCATION ADDRESS (Number and Street or P.O. Box Number) Location Address (Number and Street or PO Box Number)	{City}{City}	{County}{County}	{State}{State}	{ZIP Code}{ZIP Code}
5) LOCATION ADDRESS (Number and Street or P.O. Box Number) Location Address (Number and Street or PO Box Number)	{City}{City}	{County}{County}	{State}{State}	{ZIP Code}{ZIP Code}

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STATE OF CALIFORNIA State of California

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F. Pesticide Broker Business Type. F. Pesticide Broker Business Type. Indicate the type(s) of pesticides your business will be selling by checking the appropriate box(es) below.

- | | |
|---|---|
| <input type="checkbox"/> Agricultural Use Pesticides | <input checked="" type="checkbox"/> Tributyltin |
| <input type="checkbox"/> Non-agricultural <u>Non-Agricultural</u> Use Pesticides | <input type="checkbox"/> Livestock / Poultry Pesticides |
| <input type="checkbox"/> Restricted Use Pesticides (Either California or Federal) | <input type="checkbox"/> Biological Control Agents |
| <input type="checkbox"/> Other _____ | |

G. Fees & Mailing. All fees are non-transferable and non-refundable. G. Fees & Mailing. All fees are non-transferable and non-refundable. (See "New License Fee Examples" in the instructions on page 3). ~~Fee does not apply to new applicants.~~

	1-Year	or	2-Year	# Branches	=	Total Fees
Main Location	\$20	or	\$40	--	=	\$ _____
Branch Location	\$20	or	\$40	x _____	=	\$ _____
Name / Address Change, Duplicate / Replacement Fee:	\$20			x _____	=	\$ _____
Total Fee(s) Due						= \$ _____

Enclose a check, money order, or credit card information ~~for \$20~~. Make payable to: "DPR Cashier."

Mailing Instructions: Mail your completed application ~~and~~, required documentation, ~~and fees~~ (and fees if applicable) to:

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

H. Read Before Signing. H. 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 sale of pesticides that resulted in disciplinary actions or in which any disciplinary action is pending?

- ~~YES~~ Yes (Attach explanation on separate page.) ~~NO~~ No

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

APPLICANT SIGNATURE Applicant Signature	DATE SIGNED Date Signed
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Instructions on Page 3

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Application Instructions

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

A. 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.~~ A new license will only be mailed if you submit a \$20 fee.

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. B. Business Information (Main Location): If you are changing your business name, enter your former business name, and license number (optional), in Section "C". You must immediately notify DPR, in writing, of any change in the business name. Submit the following information 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 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 Secretary of State, Certificate Department, 1500 11th 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. C. Former Business Name: If your business name has changed, enter the former name and license number (optional) in this section of the application.

D. 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. Notify DPR immediately, if there is a change in the business ownership or organization. A new application and fee must be immediately submitted for this change.

E. 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. F. Pesticide Broker Business Type: Indicate the type of pesticides the business will be selling. Check all that apply.

G. G. 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., 2024, 2026...)

<u>Business Name Starts With...</u>	<u>You Pay...</u>	<u>Main Fee Amount</u>	<u>Branch Fee Amount</u>
<u>A-L</u>	<u>One-year Fee</u>	<u>\$20</u>	<u>\$20</u>
<u>M-Z</u>	<u>Two-year Fee</u>	<u>\$40</u>	<u>\$40</u>

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

<u>Business Name Starts With...</u>	<u>You Pay...</u>	<u>Main Fee Amount</u>	<u>Branch Fee Amount</u>
<u>A-L</u>	<u>Two-year Fee</u>	<u>\$40</u>	<u>\$40</u>
<u>M-Z</u>	<u>One-year Fee</u>	<u>\$20</u>	<u>\$20</u>

Name/_Address Change ~~Fee: \$20~~ or Duplicate/_Replacement Fee: \$20

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

I. I. Declaration/Signature Block: Sign and date your application.

Mailing Instructions: Mail your completed application and enclose a check, money order, or credit card information payable to “DPR Cashier” to:

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