

STATE OF CALIFORNIA State of California

## Private Applicator Certificate Application PRIVATE APPLICATOR CERTIFICATE APPLICATION

PR-PML\_LIC-045 (REV. 12/04/07/23)  
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**NOTE: For complete instructions, see page 2. If you have any questions concerning this application, please contact your local county agricultural commissioner's office for assistance. Turn this application into your local county agricultural commissioner's office.**

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

- NEW APPLICANT** *New Applicant (Practical Knowledge Exam)*
 **RENEWAL** *Renewal (Private Applicator Certificate Number)*  
 **Add Burrowing Vertebrate Pest Fumigation Exam**
 **Renew Burrowing Vertebrate Pest Fumigation Certificate**

**B.A. Applicant Information.** RELATIONSHIP TO AGRICULTURAL PRODUCTION OPERATION OR HOUSEHOLDER'S PROPERTY Relationship to agricultural production operation. (Check appropriate box)

- PROPERTY OWNER/OPERATOR** *Property Owner / Operator*
 **\*AUTHORIZED REPRESENTATIVE** *Authorized Representative (ATTACH LETTER FROM PROPERTY OWNER/OPERATOR)*
 **EMPLOYEE** *Employee*  
(Attach letter from property owner / operator)

OPERATOR OR BUSINESS NAME <i>Operator or Business Name</i>		HOME TELEPHONE NUMBER <i>Cell or Home Phone Number ( )</i>	
APPLICANT NAME <i>Applicant Name (Last(Last) First(First) Middle Initial(Middle Initial))</i>	I am at least 18 years of age. <input type="checkbox"/> Yes <input type="checkbox"/> No <small>Date of Birth (mm/dd/yyyy)</small>		
WORK TELEPHONE NUMBER <i>Work Phone Number ( )</i>	E-Mail Address		
APPLICANT MAILING ADDRESS <i>Applicant Mailing Address (Number and Street or PO Box)</i>	<small>(City)(City)</small>	<small>(County)(County)</small>	<small>(State)(State) (ZIP Code)(ZIP Code)</small>

**B.C. Continuing Education Information.** Each course must be a minimum of one hour in length. Attach the certificate of completion or other approved documentation as proof of attendance for each course.

COURSE <i>course/SEMINAR/CONFERENCE TITLE(S) Title</i>	DPR Course I.D. CODE NUMBER <i>Code</i>	DATE(S) ATTENDED <i>Date(s) Attended</i>	TOTAL HOURS <i>Total Hours</i>	
			Laws and Regulations	Other

**DENIAL** *Denial* (Reason)

**C-D. I declare under penalty of perjury, under the laws of the State of California, that the above information submitted is true and correct.**

APPLICANT SIGNATURE <i>Applicant Signature</i>		DATE SIGNED/CERTIFIED <i>Date Signed</i>
FOR OFFICIAL USE ONLY <i>For Official Use Only</i>	**Certificate Number <b>CERTIFICATE NUMBER</b> PA -	<b>CERTIFICATE EXPIRATION DATE</b> <i>Certificate Expiration Date</i> DEC. 31,
<b>CERTIFICATE ISSUED BY</b> <i>Certificate Issued By:</i>		<b>CAC TELEPHONE NUMBER</b> <i>Phone Number</i> ( )
Passed Recertification Examination <input type="checkbox"/> Yes <input type="checkbox"/> No		Score _____ %

\* An "AUTHORIZED REPRESENTATIVE *Authorized representative*" is defined as: a person designated, in writing by the operator of the property, to represent the operator of the property in obtaining a restricted material permit.  
 \*\* The **CERTIFICATE NUMBER** *Certificate Number* format is PA - county code - 5 digit number.

## **Private Applicator Certificate Application**

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

DPR will only disclose personally identifiable information, such as home phone number and personal email address, to third parties as required by state or federal law or regulation and consistent with the Information Practices Act (Civ. Code, sections 1798-1798.78).

**A. Application Type:**

• **New Applicant (Practical Knowledge Exam):** Individuals who are applying for the Private Applicator Certificate for the first time shall take this examination. An applicant for a private applicator examination shall be at least 18 years old and present at the time of examination valid, government-issued photo identification as proof of identity and age. The name included on the submitted application shall match the name stated on the valid government-issued documentation presented.

• **Add Burrowing Vertebrate Pest Fumigation Exam:** Individuals who use or supervise the use of a pesticide listed in Title 3, California Code of Regulations (3CCR) Section 6400 that are labeled as a fumigant to control burrowing vertebrate pests shall take this examination.

• **Renewal:** Enter your current Private Applicator Certificate number and attach certificates of completion for each course attended (if applicable). You may choose to recertify by passing the appropriate recertification exam(s). Renewal requests shall be submitted to the county agricultural commissioner no sooner than 120 days prior to, and no later than 90 days after, the expiration date of your certification.

**B. Applicant Information:** Indicate your relationship to agricultural production operation. Enter the name of the operator or business, a cell or home phone number, and work phone number. Enter your name (name used shall match the presented valid government-issued documentation), E-Mail address, complete mailing address, and indicate you meet the minimum age requirement.

**C. Continuing Education Information:** Enter the course title, DPR course identification code, date(s) of attendance, and the number of continuing education hours received for each course attended. Attach a copy of your CE completion certificate(s). Keep your original certificate(s) for a minimum of three years from the date of course completion.

**D. Declaration / Signature Block:** Sign here to indicate that all of the information submitted is true and correct.

**Turn this application into your local county agricultural commissioner's office.**

**If you have any questions about this application or the Private Applicator Certificate, please contact your local county agricultural commissioner's office.**