

**MAINTENANCE GARDENER PEST CONTROL  
BUSINESS LICENSE****APPLICATION Maintenance Gardener Pest  
Control Business License Application**

DPR-PML-LIC-004 (REV. 10/1807/24)

Page 1 of 4

LICENSING AND CERTIFICATION  
PROGRAM Licensing and Certification Program

P.O. BOX 4015

SACRAMENTO Sacramento, CA 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 PAGES 3 AND 4.** For complete instructions, see pages 3 and 4.**A. Application Type. A. Application Type.** Check the appropriate box(es). **NEW APPLICATION** New  
Application  
(One location per business license) **NAME / ADDRESS CHANGE** Name / Address Change **DUPLICATE / REPLACEMENT LICENSE**  
Duplicate / Replacement License**MAINTENANCE GARDENER BUSINESS LICENSE #**  
Maintenance Gardener Business License # \_\_\_\_\_**B. Business Information. B. Business Information.****BUSINESS NAME** Business Name**E-MAIL ADDRESS** -Mail Address**FAX NUMBER****PHONE NUMBER**  
Phone Number**BUSINESS MAILING ADDRESS** (Number and Street or P.O. Box Number)  
Business Mailing Address (Number and Street or PO Box Number)

(City)(City)

(County)(County)

(State)(State)

(ZIP Code)(ZIP  
Code)**BUSINESS LOCATION ADDRESS** (Number and Street)  
Business Location Address (Number and Street)

(City)(City)

(County)(County)

(State)(State)

(ZIP Code)(ZIP Code)

**BUSINESS TYPE** Business Type (Check only one box.) See instructions for documentation requirements. **CORPORATION**  
Corporation **INDIVIDUAL** Individual **LIMITED LIABILITY COMPANY** Limited Liability Company **PARTNERSHIP**  
Partnership **NON-PROFIT ASSOCIATION**  
Non-Profit Association **LIMITED LIABILITY PARTNERSHIP** Limited Liability Partnership**C. Former Business Name. C. Former Business Name.** Enter former business name and license number below.**FORMER BUSINESS NAME** Former Business Name**LICENSE NUMBER** License Number (optional)**D. Business Officers or Owners. D. Business Officers or Owners.** Attach additional sheet if necessary.1) **NAME** Name**TITLE** Title**MAILING ADDRESS** (Number and Street or P.O. Box Number)  
Address (Number and Street or PO Box Number)

(City)(City)

(State)(State)

(ZIP Code)(ZIP  
Code)2) **NAME** Name**TITLE** Title**MAILING ADDRESS** (Number and Street or P.O. Box Number)  
Address (Number and Street or PO Box Number)

(City)(City)

(State)(State)

(ZIP Code)(ZIP Code)

3) **NAME** Name**TITLE** Title**MAILING ADDRESS** (Number and Street or P.O. Box Number)  
Address (Number and Street or PO Box Number)

(City)(City)

(State)(State)

(ZIP Code)(ZIP Code)

**E. Qualified Applicator. E. Qualified Applicator.** Each business must have a qualified applicator who possesses a valid Qualified Applicator Certificate (QAC) or Qualified Applicator License (QAL) with the Landscape Maintenance category B or Maintenance Gardener subcategory Q. The qualified applicator is responsible for supervising all pest control operations performed by the business. **Attach additional sheet if necessary.**1) **QUALIFIED APPLICATOR NAME** Qualified Applicator Name**QAC OR QAL NUMBER** Number**EXPIRATION DATE**  
Expiration Date

<small>BUSINESS LOCATION ADDRESS (Number and Street or P.O. Box Number)</small>	<small>(City)(City)</small>	<small>(State)(State)</small>	<small>(ZIP Code)(ZIP Code)</small>
2) QUALIFIED APPLICATOR NAME		QAC OR QAL NUMBER	EXPIRATION DATE
<small>BUSINESS LOCATION ADDRESS (Number and Street or P.O. Box Number) (City)</small>		<small>(State)</small>	<small>(ZIP Code)</small>
3) QUALIFIED APPLICATOR NAME		QAC OR QAL NUMBER	EXPIRATION DATE
<small>BUSINESS LOCATION ADDRESS (Number and Street or P.O. Box Number) (City)</small>		<small>(State)</small>	<small>(ZIP Code)</small>
4) QUALIFIED APPLICATOR NAME		QAC OR QAL NUMBER	EXPIRATION DATE
<small>BUSINESS LOCATION ADDRESS (Number and Street or P.O. Box Number) (City)</small>		<small>(State)</small>	<small>(ZIP Code)</small>

**Application Continued on Page 2**

STATE OF CALIFORNIA State of California

**MAINTENANCE GARDENER PEST CONTROL BUSINESS LICENSE APPLICATION** **Maintenance Gardener Pest Control Business License Application**

DPR-PMLLIC-004 (REV. 10/18/07/24)

Page 2 of 4

**F. Maintenance Gardener Pest Control Business Type.**

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

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Interior Plants or Landscape Maintenance | <input type="checkbox"/> Exterior Landscape Maintenance | <input type="checkbox"/> Vertebrate Pest Control |
| <input type="checkbox"/> Turf Pest Control                        | <input type="checkbox"/> Ornamental Plant Pest Control  | <input type="checkbox"/> Weed Control            |

**G. Liability Insurance.** Each applicant must show proof of financial responsibility that meets the requirements of Section 6524 of Title 3, of the California Code of Regulations. Proof of financial responsibility is demonstrated by having your insurance carrier complete one of the two attached insurance certificates or some other method approved by the Department.

**H. 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.

<small>WORKER'S COMPENSATION INSURANCE CARRIER NAME</small> <small>Worker's Compensation Insurance Carrier Name</small>	<small>POLICY NUMBER</small> <small>Policy Number</small>	<small>EXPIRATION DATE</small> <small>Expiration Date</small>
--	--	--

**I. Fees. All fees are non-transferable and non-refundable. See chart in the instructions on page 4.**

	1-Year	2-Year	Total Fees
Main Location	\$80180 or	\$460360	≡ \$ _____
Name / Address Change, Duplicate / Replacement Fee	\$20		≡ \$ _____
<b>Total Fee(s) Due:</b>			<b>≡ \$ _____</b>

Enclose a check, money order, or credit card information for the total amount due. Make payable to: "DPR Cashier."

**Mailing Instructions:** Mail your completed application, required documentation, and fees to:

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

~~J. Read Before Signing.~~ **J. 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~~Yes (Attach explanation on a separate page.)

~~NO~~No

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

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

APPLICANT SIGNATUREApplicant Signature

DATE SIGNEDDate Signed

**Instructions on Pages 3 and 4**

STATE OF CALIFORNIAState of California

**MAINTENANCE GARDENER PEST CONTROL BUSINESS LICENSE APPLICATION INSTRUCTIONS**

**Maintenance Gardener Pest Control Business License Application Instructions**

DPR-PMLLIC-004 (REVRev. 40/4807/24)

Page 3 of 4

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

**A. Application Type:**

**New Application:** If you are applying for the Maintenance Gardener Pest Control Business License for the first time. A separate business license is required for each Maintenance Gardener business location (i.e., one license per location).

**Name / Address Change:** Every business shall immediately notify DPR of any change. Submit a copy of the legal document substantiating the name change. Address changes may be made directly on the application form. A new license will only be mailed if you submit a \$20 fee.

**Duplicate / Replacement License:** Requesting a duplicate or replacement license.

**Maintenance Gardener Business License Number:** Enter your current Department of Pesticide Regulation (DPR) Maintenance Gardener Pest Control ~~business~~Business license number.

**B.B. Business Information:** You must immediately notify DPR, in writing, of any change in the business name. Enter your former business name, and license number (optional), in Section C. Submit the following information with your new application or name change 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 11<sup>th</sup> 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:** 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 submitted for this change.

Each eligible employee must complete and submit the Statement of Verification (PR-PML-143) indicating he/she meets the criteria to become a maintenance gardener.

**E.E. Qualified Applicator:** Each business must have a qualified applicator who possesses a valid Qualified Applicator Certificate (QAC) or License (QAL) with the Landscape Maintenance category B, or QAC with Maintenance Gardener subcategory Q. The qualified applicator is responsible for supervising all pest control operations performed by the business. ~~Use an additional sheet of paper if necessary.~~ If there is a change in the qualified applicator for the business, notify DPR immediately. There is no fee required for this change.

**F.F. Maintenance Gardener Pest Control Business Type:** Indicate the type of pest control your business will be performing or performs. Check all that apply.

**G.G. Liability Insurance:** Each applicant for a Maintenance Gardener Pest Control Business License must demonstrate financial responsibility that meets the requirements in 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. This can be achieved by having your insurance carrier complete the attached Certificate of Insurance (DPR-PML-052, Rev. 8/11).

STATE OF CALIFORNIA State of California

**MAINTENANCE GARDENER PEST CONTROL BUSINESS LICENSE APPLICATION INSTRUCTIONS**

**Maintenance Gardener Pest Control Business License Application Instructions**

DPR-PMLLIC-004 (REV. Rev. 40/4807/24)

Page 4 of 4

~~1. File with DPR an approved certificate of insurance certifying liability insurance coverage that meets the minimum requirements. This can be achieved by having your insurance carrier complete either the attached Certificate of Insurance (DPR-PML-052, Rev. 8/11) or the attached Certificate of Insurance Requirements Statement (PR-PML-173). If you use the Certificate of Insurance Requirements Statement form, have your insurance carrier submit their Certificate of Insurance along with an endorsement for pollution coverage if necessary and an "ACORD" that meets the minimum requirements of 3 CCR section 6524.~~

- 2. In lieu of insurance or a certificate of deposit, the maintenance gardener business may provide a "Liability Certification Statement" (PR-PML-170) to DPR, under penalty of perjury, that as to chemical property damage resulting from their pest control operations, you are financially able to respond to damages using your own personal assets, etc.
- 3. A Certificate of Deposit that meets the minimum requirements in 3 CCR section 6524.
- 4. A 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, call DPR.

**H.H. 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.

**I.I. Fees:** All fees are non-transferable and non-refundable.

	A-L business name submitting in even calendar year*	M-Z business name submitting in even calendar year*
Maintenance Gardener Pest Control Business License	<del>OR</del> or	<del>OR</del> or
	M-Z business name submitting in odd calendar year*	A-L business name submitting in odd calendar year*

~~Main~~-Location ~~\$80~~180 ~~\$460~~360

Name / Address Change or Duplicate / Replacement Fee: \$20

~~\*Your license fee is based on 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 following examples to help determine the appropriate fee.\*~~Your license fee is based on 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:

Year Submitting Application	Business Name Starts with...	Main-License Application Fee	License expires on December 31 <sup>st</sup> of the:
Odd Calendar Year (i.e., <del>2019, 2021, 2023</del> <u>2025, 2027...</u> )	A-L	<del>\$160360</del>	next even calendar year
	M-Z	<del>\$80180</del>	current calendar year
Even Calendar Year (i.e., <del>2018, 2020, 2022</del> <u>2024, 2026...</u> )	A-L	<del>\$80180</del>	current calendar year
	M-Z	<del>\$160360</del>	next odd calendar year

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

Cashier, Department of Pesticide Regulation  
P.O. Box 4015  
Sacramento, California 95812-4015

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

**K. Declaration/Signature Block:** Sign and date your application.

**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