

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

DPR-PMLLIC-041 (REV. Rev. 40/4807/24)

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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).

<input type="checkbox"/> NEW APPLICATION <u>New Application</u>	<input type="checkbox"/> NAME / ADDRESS CHANGE <u>Name / Address Change</u>	<input type="checkbox"/> DUPLICATE / REPLACEMENT LICENSE <u>Add Branch Location</u>
	<input type="checkbox"/> ADD BRANCH LOCATION <u>Pest Control Dealer License #</u>	<input type="checkbox"/> PEST CONTROL DEALER LICENSE # <u>Pest Control Dealer License #</u>
	<input type="checkbox"/> Duplicate / Replacement License	

B. Business Information (Main Location). B. Business Information (Main Location).BUSINESS NAME Business Name

E-MAIL ADDRESS <u>E-Mail Address</u>	FAX NUMBER	PHONE NUMBER <u>Phone Number</u>		
BUSINESS MAILING ADDRESS <i>(Number and Street or P.O. Box Number)</i> <u>Business Mailing Address (Number and Street or PO Box Number)</u>	{City} <u>(City)</u>	{County} <u>(County)</u>	{State} <u>(State)</u>	{ZIP Code} <u>(ZIP Code)</u>
BUSINESS LOCATION ADDRESS <i>(Number and Street)</i> <u>Business Location Address (Number and Street)</u>	{City} <u>(City)</u>	{County} <u>(County)</u>	{State} <u>(State)</u>	{ZIP Code} <u>(ZIP Code)</u>
QUALIFIED PERSON'S NAME <u>Qualified Person's Name</u>	TYPE OF LICENSE / CERTIFICATE <u>Type of License / Certificate</u>	LICENSE / CERTIFICATE <u>License / Certificate #</u>	EXPIRATION DATE <u>Expiration Date</u>	

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 <u>Former Business Name</u>	LICENSE NUMBER <u>License Number</u> (optional)
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D. Business Officers or Owners. D. Business Officers or Owners. Attach additional sheet if necessary.

1) NAME <u>Name</u>	TITLE <u>Title</u>		
MAILING ADDRESS <i>(Number and Street or P.O. Box Number)</i> <u>Mailing Address (Number and Street or PO Box Number)</u>	{City} <u>(City)</u>	{State} <u>(State)</u>	{ZIP Code} <u>(ZIP Code)</u>
2) NAME <u>Name</u>	TITLE <u>Title</u>		
MAILING ADDRESS <i>(Number and Street or P.O. Box Number)</i> <u>Mailing Address (Number and Street or PO Box Number)</u>	{City} <u>(City)</u>	{State} <u>(State)</u>	{ZIP Code} <u>(ZIP Code)</u>

E. Qualified Person and Branch Location. E. Qualified Person and Branch Locations. Each business location must have a qualified person, who possesses a valid Pest Control Dealer Designated Agent License (DDA), Agricultural Pest Control Adviser License (PCA), Qualified Applicator License (QAL), or Pest Control Aircraft Pilot Certificate. The qualified person is responsible for the operations of the pest control dealer business. Attach additional sheet if necessary.

1) QUALIFIED PERSON'S NAME <u>Qualified Person's Name</u>	TYPE OF LICENSE / PILOT CERTIFICATE <u>Type of License / Pilot Certificate</u>	LICENSE / PILOT CERTIFICATE <u>License / Pilot Certificate #</u>	EXPIRATION DATE <u>Expiration Date</u>
BRANCH LOCATION ADDRESS <i>(Number and Street)</i> <u>Branch Location Address (Number and Street)</u>	{City} <u>(City)</u>	{State} <u>(State)</u>	{ZIP Code} <u>(ZIP Code)</u>
2) QUALIFIED PERSON'S NAME <u>Qualified Person's Name</u>	TYPE OF LICENSE / PILOT CERTIFICATE <u>Type of License / Pilot Certificate</u>	LICENSE / PILOT CERTIFICATE <u>License / Pilot Certificate #</u>	EXPIRATION DATE <u>Expiration Date</u>
BRANCH LOCATION ADDRESS <i>(Number and Street)</i> <u>Branch Location Address (Number and Street)</u>	{City} <u>(City)</u>	{State} <u>(State)</u>	{ZIP Code} <u>(ZIP Code)</u>
3) QUALIFIED PERSON'S NAME <u>Qualified Person's Name</u>	TYPE OF LICENSE / PILOT CERTIFICATE <u>Type of License / Pilot Certificate</u>	LICENSE / PILOT CERTIFICATE <u>License / Pilot Certificate #</u>	EXPIRATION DATE <u>Expiration Date</u>

~~J. I declare under penalty of perjury, under laws of the State of California, that the above information is true and correct.~~
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APPLICANT SIGNATURE Applicant Signature

DATE SIGNED Date Signed

INSTRUCTIONS ON PAGES 3 AND 4

STATE OF CALIFORNIA State of California

PEST CONTROL DEALER LICENSE APPLICATION INSTRUCTIONS **Pest Control Dealer License**
Application Instructions

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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 Pest Control Dealer License for the first time.

Name / Address Change: Every business shall immediately notify DPR of any change. Submit a copy of the legal document substantiating a 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.

Add Branch Location: Adding a pest control dealer branch location to your license.

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

Pest Control Dealer License Number: Enter your current dealer business license number.

B. Business Information (Main Location): If you are changing your business name, enter your former business name, and license number (optional), in Section "C". If there is a change in business name or address, you must immediately notify DPR in writing. 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.

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.

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.

C. Former Business Name: Enter the former name and license number (optional) in this section of the application.

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 immediately for this change.

E. Qualified Person and Branch Locations: Each principal and branch office must have a qualified person who possesses a valid Pest Control Dealer Designated Agent License (DDA), Agricultural Pest Control Adviser License (PCA), Qualified Applicator License (QAL), or Pest Control Aircraft Pilot Certificate who is responsible for the operations of the pest control business. Use an additional sheet of paper if necessary. If there is a change in the qualified person for the business, notify DPR immediately. There is no fee required for this change.

F. Pest Control Dealer Type: Indicate the type(s) of pesticides the business will be selling. Check all that apply.

G. 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.

STATE OF CALIFORNIA State of California

PEST CONTROL DEALER LICENSE APPLICATION INSTRUCTIONS Pest Control Dealer License Application Instructions

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~~F. **Pest Control Dealer Type:** Indicate the type(s) of pesticides the business will be selling. Check all that apply.~~

~~G. **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.~~

H. Fees: All fees are non-transferable and non-refundable.

License Type	A-L business name submitting in even calendar year*	M-Z business name submitting in even calendar year*
	OR M-Z business name submitting in odd calendar year*	OR A-L business name submitting in odd calendar year*
Main Location	\$160360	\$320720
Branch Location	\$80180	\$160360

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

~~*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.*~~ 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:

Year Submitting Application	Business Name Starts with...	Main License Application Fee	Branch License Application Fee	License expires on December 31 st of the:
Odd Calendar Year (i.e., 2019, 2021, 2023 2025, 2027...)	A-L	\$320720	\$160360	next even calendar year
	M-Z	\$160360	\$80180	current calendar year
Even Calendar Year (i.e., 2018, 2020, 2022 2024, 2026...)	A-L	\$160360	\$80180	current calendar year
	M-Z	\$320720	\$160360	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

- I. **Read before Signing:** Check appropriate box and provide explanation, if necessary.
- J. **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