STATE OF CALIFORNIAState of California

PEST CONTROL DEALER LICENSE APPLICATION

Pest Control Dealer License Application

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DEPARTMENT OF PESTICIDE REGULATION Department of Pesticide Regulation PEST MANAGEMENT AND LICENSING BRANCH LICENSING AND CERTIFICATION PROGRAMLicensing and Certification Program P-O- BOXBox 4015 SACRAMENTOSacramento, CALIFORNIA 95812-4015 (916) 445-4038 FAX - (916) 445-4033 E-Mail: LicenseMail@cdpr.ca.gov Web site: http://www.cdpr.ca.gov/

OR COMPLETE INSTRUCTIONS SEE PAGES 3 AND 4. For complete instructions, see pages 3 and 4.
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FUR COMPLETE INSTRUCTIONS SEE PAGES 3	AND 4. For comp	<u>lete instruction</u>	<u>s, see pages</u>	<u>3 and 4.</u>		
A. Application Type. A. Application Type. Check th	e appropriate box	(es).				
NEW APPLICATION New Application	NAME / ADDRESS CHANGEName / DUPLICATE / REPLACEMENT LICENSE Address Change Add Branch Location ADD BRANCH LOCATION PEST CONTROL DEALER LICENSE# Duplicate / Replacement License Pest Control Dealer License #					
B. Business Information (Main Location).B. Busin			1).			
BUSINESS NAMEBusiness Name		-				
E-MAIL ADDRESSE-Mail Address F	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)	
	TYPE OF LICENSE/CER License / Certificate	TIFICATE Type of	LICENSE/CERTI Certificate #	FICATELicense /	EXPIRATION DATE Expiration Date	
BUSINESS TYPEBusiness Type (Check only one box.) See instructions for	or documentation requirer	nents.	1		240	
CORPORATIONCorporation INDIVIDUALIndividual NON-PROFIT ASSOCIA	ATION	NITED LIABILITY COMF				
PARTNERSHIPPartnership Non-Profit Assocation		IITED LIABILITY PARTI		•		
C. Former Business Name. C. Former Business N	iame. Enter forme	er business name	e and license i	number below.		
FORMER BUSINESS NAMEFormer Business Name				LICENSE NUMBER (optional)	License Number	
D. Business Officers or Owners. D. Business Offi	cers or Owners.	Attach additiona	I sheet if nece	essary.		
1) NAMEName				TITLE <u>Title</u>		
MAILING ADDRESS (Number and Street or P.O. Box Number) Mailing Addres (Number and Street or PO Box Number)	is (City) (City)			(State)(State)	(ZIP Code)	
2) NAMEName				TITLE <u>Title</u>	I	
MAILING ADDRESS (Number and Street or P.O. Box Number) Mailing Addres (Number and Street or PO Box Number)	ss (City) (City)			(State)(State)	(ZIP Code)	
E. Qualified Person and Branch Location. E. Qua	lified Person and	d Branch Locat	ions. Each bu	siness location	must have a	
qualified person, who possesses a valid Pest Control License (PCA), Qualified Applicator License (QAL), for the operations of the pest control dealer business	ol Dealer Designa or Pest Control Ai	ted Agent Licens rcraft Pilot Certif	e (DDA), Agricicate. The qua	cultural Pest C	ontrol Adviser	
1) QUALIFIED PERSON'S NAME Qualified Person's Name		PILOT	LICENSE/PILOT CERT Pilot Certificate #	IFICATE <u>License /</u>	EXPIRATION DATE Expiration Date	
BRANCH LOCATION ADDRESS (Number and Street)Branch Location Ad (Number and Street)	dress (City)(City)		(Sta	te) (State)	(ZIP Code)(ZIP Code)	
2) QUALIFIED PERSON'S NAMEQualified Person's Name	TYPE OF LICENSE CERTIFICATEType Certificate		LICENSE/PILOT CERT Pilot Certificate #		EXPIRATION DATE Expiration Date	
BRANCH LOCATION ADDRESS (Number and Street)Branch Location Add (Number and Street)	dress (City)(City)		(Ste		(ZIP Code) (ZIP Code)	
3) QUALIFIED PERSON'S NAMEQualified Person's Name	TYPE OF LICENS CERTIFICATE Type Certificate		LICENSE/PILOT CERT Pilot Certificate #	IFICATE <u>License /</u>	EXPIRATION DATE Expiration Date	

(Number and Street)	(City)(City)	(State) (<u>State)</u>	(ZIP Code) (ZIP <u>Code)</u>
4) QUALIFIED PERSON'S NAMEQualified Person's Name	TYPE OF LICENSE/PILOT CERTIFICATE Type of License / Pilot Certificate	LICENSE/PILOT CERTIFICATELice Pilot Certificate #	EXPIRATION DATE Expiration Date
BRANCH LOCATION ADDRESS (Number and Street)Branch Location Address (Number and Street)	(City)(City)	(State)(State)	(ZIP Code)(ZIP Code)
5) QUALIFIED PERSON'S NAMEQualified Person's Name	TYPE OF LICENSE/PILOT CERTIFICATE Type of License / Pilot Certificate	LICENSE/PILOT CERTIFICATELicel Pilot Certificate #	nse / EXPIRATION DATE Expiration Date
BRANCH LOCATION ADDRESS (Number and Street) Branch Location Address (Number and Street)	(City)(City)	(State) (<u>State</u>)	(ZIP Code)(ZIP Code)
	olication Continued on Pag	e 2	
STATE OF CALIFORNIAState of California			
PEST CONTROL DEALER LICENSE APPLIC DPR-PMLLIC-041 (REVRev. 10/1807/24) Page 2 of 4	CATION Pest Control	<u>Dealer License Appl</u>	<u>lication</u>
F. Pest Control Dealer Type.F. Pest Control Dealer Ty	ype.		
Select the type(s) of pest control your business will engage in.			
Agricultural Use Pesticides Only	Tributyltin		
— Restricted Use Pesticides Only (Either California or Fe	ederal)	oultry Pesticides	
☐ Both Agricultural Use and Restricted Use Pesticides	☐ Biological Co	ontrol Agents	Other
G. Worker's Compensation Insurance.G. Worker's Com Section 3300 of the California Labor Code, is required to write "No employees" below.		• •	•
WORKER'S COMPENSATION INSURANCE CARRIER NAMEWorker's Compensation Insurance Carrier Name	OLICY NUMBERPolicy Number	EXPIRATION DATES	Expiration Date
Compensation Insurance Carrier Name	dable. (See chart in the in icense Fee Examples" in	structions on page 4) <mark>H. F</mark> the instructions on page 4	ees. All fees are
H. Fees. All fees are non-transferable and non-refundation non-transferable and non-refundation (See "New L	dable. (See chart in the in icense Fee Examples" in 1-Year 2-Yea	structions on page 4) <mark>H. F</mark> the instructions on page 4 r # Branches	ees. All fees are
H. Fees. All fees are non-transferable and non-refundation non-transferable and non-refundation. (See "New L	dable. (See chart in the in icense Fee Examples" in	structions on page 4) <mark>H. F</mark> the instructions on page 4 r # Branches 720	ees. All fees are
H. Fees. All fees are non-transferable and non-refundance non-transferable and non-refundable. (See "New L") Main Location Branch Location	dable. (See chart in the in incicense Fee Examples" in 1-Year 2-Year \$160360 or \$320	structions on page 4) <mark>H. F</mark> the instructions on page 4 r # Branches 720	Tees. All fees are Total Fees = \$
H. Fees. All fees are non-transferable and non-refund	dable. (See chart in the in incense Fee Examples" in 1-Year 2-Yea \$160360 or \$320; \$80180 or \$1603	structions on page 4)H. F the instructions on page 4 r # Branches 720 360 x	Total Fees
H. Fees. All fees are non-transferable and non-refundance non-transferable and non-refundable. (See "New L	dable. (See chart in the in incense Fee Examples" in 1-Year 2-Yea \$160360 or \$320; \$80180 or \$1603	structions on page 4)H. F the instructions on page 4 r # Branches 720 360 x x Total Fee(s) Due	Total Fees
H. Fees. All fees are non-transferable and non-refundation non-transferable and non-refundable. (See "New L. Main Location Branch Location Name_/_Address Change, Duplicate_/_Replacement Fee Enclose a check, money order, or credit card information	dable. (See chart in the in incense Fee Examples" in 1-Year 2-Yea \$160360 or \$320 \$80180 or \$1603	structions on page 4)H. F the instructions on page 4 r # Branches 720 360 x X Total Fee(s) Due Make payable to: "DPR (Total Fees
H. Fees. All fees are non-transferable and non-refundation non-transferable and non-refundable. (See "New L" Main Location Branch Location Name_/_Address Change, Duplicate_/_Replacement Fee Enclose a check, money order, or credit card information Mailing Instructions: Mail your completed application, in Cashier, Department	dable. (See chart in the in incense Fee Examples" in 1-Year 2-Yea \$160360 or \$320 \$80180 or \$1603	structions on page 4)H. Fithe instructions on page 4 r # Branches 720 360 x x Total Fee(s) Due Make payable to: "DPR 0 nd fees to:	Total Fees
H. Fees. All fees are non-transferable and non-refundation non-transferable and non-refundable. (See "New L" Main Location Branch Location Name / Address Change, Duplicate / Replacement Fee Enclose a check, money order, or credit card information Mailing Instructions: Mail your completed application, in Cashier, Department	ship the total amount due. artment of Pesticide Regulation. Cashier MS-4A P-O- Box 4015 To g the last three years, having the years, having the years, having the years, having the years, ha	structions on page 4)H. F the instructions on page 4 r # Branches 720 360 x x Total Fee(s) Due Make payable to: "DPR (nd fees to: ation 15 ye you had any administrate relating to the application	Total Fees Total Fees = \$ = \$ SCashier."

DATE SIGNED Date Signed

INSTRUCTIONS ON PAGES 3 AND 4

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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. <u>Business Information (Main Location)</u>: 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. <u>Business Officers or Owners</u>: 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.

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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.** <u>Worker's Compensation Insurance</u>: 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.

	A-L business name submitting in even calendar year*	M-Z business name submitting in even calendar year*
	OR or	OR or
	M-Z business name submitting in	A-L business name submitting in
License Type	odd calendar year*	odd calendar year*
Main Location	\$ 160 <u>360</u>	\$ 320 720
Branch Location	\$ 80 180	\$ 160 360

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 31st of the:
Odd Calendar Year	A-L	\$ 320 720	\$ 160 <u>360</u>	next even calendar year
(i.e., 2019, 2021, 2023 <u>2025,</u> <u>2027</u>)	M-Z	\$ 160 360	\$ 80 180	current calendar year
Even Calendar Year	A-L	\$ 160 360	\$ 80 180	current calendar year
(i.e., 2018, 2020, 2022 <u>2024,</u> <u>2026</u>)	M-Z	\$ 320 720	\$ 160 360	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. <u>Declaration/Signature Block</u>: 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