

Pest Control Business Renewal Application

LIC-192 (Rev. 07/23/07/24)

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Department of Pesticide Regulation
 Licensing and Certification Program
 PO Box 4015
 Sacramento, California 95812-4015
 E-Mail: LicenseMail@cdpr.ca.gov
 Web site: http://www.cdpr.ca.gov

Business Information

Check if Information is Correct

Business License Number: _____
Business Name: _____
Address: _____
City, State, ZIP: _____
E-Mail Address: _____
Business Phone Number: _____

Owner Information

Check if Information is Correct

Owner Name: _____
Owner E-Mail: _____
Owner Phone Number: _____
 List information for additional owners on a separate sheet of paper, if necessary.

Officer Information

Check if Information is Correct

Officer Name: _____
Officer E-Mail: _____
Officer Phone Number: _____
 List information for additional officers on a separate sheet of paper, if necessary.

Information Corrections

(If above information is incorrect, include updated information here.)

Business Information Changes: _____

Owner Information Changes: _____

Officer Information Changes: _____

Important – Please Read

Complete all fields below, see page 2 for complete instructions.

Qualified Applicator. Each business location must have a qualified applicator who possesses a valid Qualified Applicator License with the appropriate pest control category(ies) to engage in pest control work from each location. If you need additional space, attach a separate sheet of paper.

Main/Branch License Number

Main/Branch Location Address

Qualified Applicator's Name, License Number, and Category(ies) (i.e., A, B, C)

The Qualified Applicator's License must be renewed before the Business License is renewed.

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Worker's Compensation Insurance. If you have employees, provide the name of the Worker's Compensation Insurance Carrier, policy number, and policy expiration date. If you do not have employees please note 'no employees' in the carrier name field below.

_____	_____	_____
Worker's Comp. Insurance Carrier Name	Policy Number	Expiration Date

Financial Responsibility Requirement (check one). Submit current financial responsibility documents with your renewal.

- I have complied with this requirement by obtaining a surety bond or certificate of deposit, in an amount not less than what is specified in the financial responsibility requirements (3CCR section 6524)
- I have complied with this requirement by obtaining liability insurance, through the following expiration date, in an amount not less than what is specified in the financial responsibility requirements (3CCR section 6524)

Fees. Enclose a check, money order, or credit card information for the total amount due. Make payable to "Cashier, DPR". Mail the payment, completed application form, and proof of financial responsibility documents to: Department of Pesticide Regulation, Attn: Cashier MS-4A, PO Box 4015, Sacramento, CA 95812-4015. All fees are non-transferable and non-refundable.

Amount Enclosed: \$ _____

I declare under penalty of perjury, under laws of the State of California, that the information submitted is true and correct. (Signature must be owner, officer, or QAL holder.)

_____	_____	_____	_____
Signature	Print Name	Title	Date Signed

Pest Control Business Renewal Application Instructions

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

Instructions: To ensure that your renewal application is completed before mailing, review the following:

Changes in Information. Verify that the information provided is correct. 3CCR Section 6508 requires all license/certificate holders to notify DPR immediately, in writing, of any change in information required on the application including, but not limited to: business name changes, owner changes, and officer changes (this includes E-Mail, phone number, and address). Indicate any corrections to the information included on the front of the renewal form in the space provided. Include additional owners or officers information not stated on a separate sheet of paper, if necessary.

Licenses are not transferable. A new application and fee are required for a change of business organization (Corporation, Partnership, Individual, Non-Profit, Limited Liability, and Limited Liability Partnership), or ownership.

Qualified Applicator. Each pest control business location (Main or Branch) must have a qualified applicator who possesses a valid Qualified Applicator License (QAL) with the appropriate pest control category(ies) to engage in pest control work from each location. Provide the name(s), license number and category(ies) of the qualified applicator who is responsible for supervising the pest control operations at each location. If additional space is needed, attach a separate sheet of paper. **If the Qualified Applicator's license is expiring this year, the license must be renewed before the business can be renewed.** The QAL can only supervise one Pest Control Business Main **or** Branch location.

Worker Compensation Insurance. Each applicant who is an employer as defined in Section 3300 of the Labor Code is required to carry worker's compensation insurance. If applicable, complete the information on the renewal form; otherwise indicate 'no employees'.

Financial Responsibility Requirement. This requirement must be met. Provide a copy of the documents that meet the requirements of Food and Agriculture Code Section 11702(c)(2) and 3CCR Section 6524. The Pest Control Business license will not be renewed without meeting this requirement.

Fees. All fees are non-transferable and non-refundable. Fees must be paid for each pest control business license location (Main and Branch) as totaled on the renewal form. A late penalty fee of fifty percent (50%) of the renewal fee will be assessed for each license **postmarked after December 31**. Enclose a check, money order, or credit card information payable to "DPR Cashier."

License Renewal (2 Year) and Late Penalty Fees

	Renewal	Late Fee		Renewal	Late Fee
Pest Control Business (Main)	\$320.00 <u>720</u>	\$160.00 <u>360</u>	Pest Control Business (Branch)	\$160.00 <u>360</u>	\$80.00 <u>180</u>

Declaration/Signature. Sign here to indicate that all of the information submitted is true and correct. Signature must be owner, officer, or QAL holder.

Mail. Send payment, completed renewal application form, and all proof of financial responsibility documents to:

Department of Pesticide Regulation
 Attn: Cashier MS-4A
 PO Box 4015
 Sacramento, CA 95812-4015

Your license number will be posted to [the valid license list on DPR's web site](#) as soon as your license is renewed.