

QUALIFIED APPLICATOR CERTIFICATE APPLICATION Qualified

Applicator Certificate Application

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DEPARTMENT OF PESTICIDE REGULATION Department of Pesticide Regulation PEST MANAGEMENT AND LICENSING BRANCH LICENSING AND CERTIFICATION PROGRAM Licensing and Certification Program P.O. BOX PO Box 4015 SACRAMENTO, CALIFORNIA Sacramento, California 95812-4015 (916) 445-4038 E-Mail: LicenseMail@cdpr.ca.gov Web site: http://www.cdpr.ca.gov/

The mailing address you indicate on this application is your address of record for your certificate, therefore it is public information. You may wish to use a post office box in lieu of a physical address.

A. Application Type. Check the appropriate box(es). FOR COMPLETE INSTRUCTIONS, SEE PAGE 2. For complete instructions, see page 2.

- NEW APPLICATION New Application (New Application Fee of \$40 is required and a copy of valid government-issued documentation - See Instructions in Section G.)
REEXAMINATION - FAIL OR NO SHOW ON PREVIOUS EXAM Reexamination - Fail or No Show on Previous Exam
ADDING PEST CONTROL CATEGORY(IES) Adding Pest Control Category(ies)

B. Applicant Information.

NAME (Last) (First) (Middle-Initial) (Middle Initial) QAC NUMBER (Certificate/Application #) (if applicable) Date of Birth (mm/dd/yyyy) HOME PHONE NUMBER ( ) QAC Number (If applicable)
MAILING ADDRESS (Number and Street or P.O. Box) Mailing Address (Number and Street or PO Box) WORK PHONE NUMBER ( ) Work Phone Number
(City) (County) (State) (ZIP Code) CELL PHONE NUMBER ( ) Cell or Home Phone Number
CURRENT EMPLOYER (Check only one box) Current Employer (Check only one box) Other Other or N/A Private Business
City County State Federal Pest Control Business Maintenance Gardener City County State Federal Pest Control Business Maintenance Gardener Private Business
EMPLOYER NAME AND MAILING ADDRESS Employer Name and Mailing Address (If Applicable) (Number and Street; or P.O. Box, City, State, Zip Code)

C. Examination - Laws, Regulations and Basic Principles.

- Laws, Regulations, and Basic Principles \$50 No fee or examination is required if you:
(1) Have a current valid PCA, APC, JPC, License/Certificate Number: OR QAL; License/Certificate Number:
OR Application # Application #:
(2) Have passed this exam within one (1) year the last 12 months; or
(3) Are applying for a QAC-Q certificate only.

D. Examinations - Categories.

- (A) Residential, Industrial, and Institutional \$50
(B) Landscape Maintenance \$50
(C) Right-of-Way \$50
(D) Plant Agriculture \$50
(E) Forest \$50
(F) Aquatic \$50
(G) Regulatory \$50
(H) Seed Treatment \$50
(I) Animal Agriculture \$50
(J) Demonstration and Research \$50
(K) Health Related \$50
(L) Wood Preservation Soil Fumigation \$50
(M) Antifouling-Tributyltin Non-Soil Fumigation \$50
(N) Sewer Line Root Control \$50
(O) Field Fumigation \$50
(P) Microbial \$50

(Q) Maintenance Gardener
English \$50
Spanish \$50
Laws, Regulations and Basic Principles exam is not required for this category; Laws, Regulations, and Basic Principles exam (Section C) is not required for this category.

E. Examination Schedule.

FIRST CHOICE - EXAMINATION MONTH & LOCATION First Choice - Examination Month & Location
SECOND CHOICE - EXAMINATION MONTH & LOCATION Second Choice - Examination Month & Location

F. Reasonable Accommodation.

Check if you need reasonable accommodation to take an written exam.

G. Fees. All fees are non-transferable and non-refundable.

Table with 4 columns: Description, Amount, # of Exams, Total Amount. Rows include New Application Fee (\$40), Laws, Regulations, and Basic Principles Examination Fee (\$50), and Category Examination Fee (\$50). Total Fees Due.

H. 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 action or in which any

disciplinary action is pending?

YESes (Attach explanation on separate page.)

NONo

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

APPLICANT SIGNATUREApplicant Signature

DATE SIGNEDDate Signed

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**QUALIFIED APPLICATOR CERTIFICATE APPLICATION INSTRUCTIONS** Qualified Applicator Certificate

**Application Instructions**

**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:** Check the appropriate box(es).

**New Application:** If you:

- ✓ \*Are applying for a Qualified Applicator Certificate for the first time.
- ✓ Failed to obtain your certificate within 12 months from the first date you scheduled your examination.
- ✓ Failed to meet the renewal requirements.

\*Applications for a new certificate shall include an attached copy of valid government-issued documentation verifying that the applicant will meet the required minimum age of 18 years old prior to admission to the examination. The applicant's name included on the submitted application shall match the name stated on the valid government-issued documentation submitted.

**Reexamination:** Scheduling an examination on which you failed to obtain a passing score or failed to appear for a previously scheduled examination.

**Add Pest Control Category(ies):** Requesting to take pest control category examinations not yet taken. If passed, the category(ies) will be added to your existing certificate.

**B. Applicant Information:** Enter your name (name shall match the submitted valid government-issued documentation); Qualified Applicator Certificate or Application Number (if applicable); date of birth; mailing address; e-mail-E-Mail address; home, work, and cell or home and work phone numbers; employment type; and current employer (if applicable).

**C. Examination – Laws, Regulations, and Basic Principles:** ~~This examination is required of all new QAC applicants. This examination is required of all new QAC applicants, unless one of the listed exemptions applies.~~

**Exemptions:** (Check the appropriate box, if applicable). No fee or examination is required if you: (1) have a current Pest Control Adviser License (PCA), Qualified Applicator License (QAL), Journeyman Pilot Certificate (JPC), or Apprentice Pilot Certificate (APC). ~~To qualify for this exemption, you must enter the number from your current license or certificate next to the (1) exemption~~ [you must enter the number from your current license or certificate next to the (1) exemption], OR (2) have passed the Laws, Regulations, and Basic Principles ~~E~~ exam within ~~one (1) year~~ the last 12 months, or (3) you are applying for a QAC-Q certificate only.

**D. Examination – Category(ies):** Indicate the category(ies) you want to take by checking the appropriate box(es). In addition to the Laws, Regulations, and Basic Principles examination, each new applicant must successfully pass at least one of the pest control categories (A-PM or Q) before a Qualified Applicator Certificate is issued. Applicants seeking certification only in subcategory Q do not need to take the Laws, Regulations, and Basic Principles examination. A ~~You may only select a~~ maximum of four (4) ~~examinations may be scheduled per location per application, including the Laws, Regulations, and Basic Principles examination, and you may only test once per month. You may only apply once per month, exceptions to this are evaluated on a case by case basis.~~ See Qualified Applicator Certificate category descriptions and suggested study material source list in the Qualified Applicator Certificate Application Packet at: <www.cdpr.ca.gov/docs/license/app\_packets/qac.pdf>.

**E. Examination Schedule:** Provide your first and second choice for taking your exam(s). Indicate the exam month and location for each choice in the appropriate boxes. Your exam date and location choices are not guaranteed. ~~Exam month and location options may be obtained from Go to DPR's Web site at: <www.cdpr.ca.gov/docs/license/exam\_sched.pdf> to find current exam information. The exam schedule gives the location, schedule, and final filing dates. If you selected an exam date, Y~~ your application must be ~~postmarked~~ postmarked by the final filing date for the earliest choice you provided. DPR will assign your exam date.

**F. Reasonable Accommodation:** Reasonable accommodation will be provided to applicants who need assistance to take an n-written exam. If you check "Yes", you will be contacted ~~via phone, e-mail, or mail.~~

- G. Fees: All fees are non-transferable and non-refundable.**
- New Application Fee: \$40.....(See Section A)
  - Laws, Regulations, and Basic Principles Examination Fee: \$50.....(See Section C)
  - Category(ies) Examination Fee(s): \$50 per exam per exam .....(See Section D)

**H. Read Before Signing:** Check appropriate box and provide explanation on separate page, if necessary.

**I. Declaration/Signature Block:** ~~Sign and date your application. Sign here to indicate that all of the information submitted is true and correct.~~

**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 4045  
Sacramento, California 95842-4045.

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