

AGRICULTURAL PEST CONTROL ADVISER LICENSE APPLICATION
Agricultural Pest Control Adviser License Application

DPR-PML-LIC-084 (REV. 01/18/07/23)

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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, CA 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 license, therefore, it is public information. You may wish to use a post office box in lieu of a physical address.

A. Application Type. A. Application Type. Check the appropriate box(es). **FOR COMPLETE INSTRUCTIONS, SEE PAGE For Complete Instructions. See Page 2.**

- NEW APPLICATION New Application**
 (New application fee of \$80 is required in Section G)
 (New application fee of \$80 is required and a copy of valid government-issued documentation – See Instructions).
- 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. B. Applicant Information

NAME (Last) Name (Last)	(First) (First)	(Middle Initial) (Middle Initial)	ADVISER NUMBER/APPLICATION # (if applicable) Date of Birth (mm/dd/yyyy);	HOME PHONE NUMBER Adviser License 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) (City)	(County) (County)	(State) (State)	(ZIP Code) (ZIP Code)	CELL PHONE NUMBER Cell or Home Phone
EMPLOYER NAME AND MAILING ADDRESS Employer Name and Mailing Address (If Applicable) (Number and Street or P.O. Box, City, State, Zip ZIP Code)				E-MAIL ADDRESS E-Mail Address

C. Examination – Laws, Regulations and Basic Principles (Includes Integrated Pest Management Principles). C. Examination – Laws, Regulations, and Basic Principles (includes integrated pest management principles).

- Laws, Regulations, and Basic Principles Examination \$50**
 This examination must be passed in addition to one or more categories in Section D below to obtain a PCA. This examination must be passed in addition to one or more categories in Section D to obtain a PCA.
- *Exemption: No fee or exam is required if you have passed this exam within the last 12 months.*

D. Examinations – Categories. D. Examination – Categories. Indicate the examination(s) you want to take by checking the appropriate boxes. One or more of the following exams must be passed in addition to the exam in Section C above. If you are requesting the Laws, Regulations, and Basic Principles examination, you may only select a maximum of three (3) total two category examinations may be scheduled per location per application.

- (A) Insects, Mites, and Other Invertebrates \$50
- (B) Plant Pathogens \$50
- (C) Nematodes \$50
- (D) Vertebrate Pests \$50
- (E) Weed Control \$50
- (F) Defoliation \$50
- (G) Plant Growth Regulators \$50

E. Examination Schedule. E. Examination Schedule. To complete this section, see DPR's Web site for the examination schedule for available months and locations. DPR will assign the exam date. Your exam date and location choices are not guaranteed.

FIRST CHOICE – EXAMINATION MONTH & LOCATION First Choice – Examination Month & Location	SECOND CHOICE – EXAMINATION MONTH & LOCATION Second Choice – Examination Month & Location
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F. Reasonable Accommodation. F. Reasonable Accommodation.

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

G. Fees. All fees are non-transferable and non-refundable. G. Fees. All fees are non-transferable and non-refundable. (Make check payable to "DPR Cashier")

	Amount	# of Exams	Total Amount
- New Application Fee (Fee is valid for 12 months) (If required per Section A)	\$80		\$ _____
- Laws, Regulations, and Basic Principles Examination Fee (If required per Section C)	\$50		\$ _____
- Category (ies) Examination Fee(s) (If required per Section D) (Enter the # of categories) (Enter the # of categories)	\$50	X _____	= \$ _____
Total Fees Due \$			\$ _____

H. Read Before Signing. 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?

- YES Yes** (Attach explanation on separate page, if necessary.)
- NO No**

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

APPLICANT SIGNATURE Applicant Signature	DATE SIGNED Date Signed
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AGRICULTURAL PEST CONTROL ADVISER LICENSE APPLICATION- INSTRUCTIONS Agricultural Pest Control Adviser License 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 an Agricultural Pest Control Adviser (PCA) license for the first time.
- ✓ Failed to obtain your license within 12 months from the first date you scheduled your examination.
- ✓ Failed to meet the renewal requirements.

*Applications for a new license 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.

Minimum education requirements must be met. Submit ~~a copy of~~ your official college/university transcripts, along with the completed Core Course Requirements form.

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 license.

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

C. Examination - Laws, Regulations, and Basic Principles (includes Integrated Pest Management Principles): This examination is required of all new PCA applicants. The Laws, Regulations, and Basic Principles examination for any other DPR license or certificate does not exempt you from this exam.

Exemption: If you have passed this exam within the past 12 months.

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-G) before an Agricultural Pest Control Adviser License is issued. A maximum of four ~~(4)~~ examinations may be scheduled per ~~location application, and you may only test once per month.~~ If you are requesting the Laws, Regulations, and Basic Principles examination, a maximum of three ~~(3)~~ total examinations (including the Laws, Regulations, and Basic Principles examination) may be scheduled per ~~location application. You may only apply once per month; exceptions to this are evaluated on a case by case basis.~~

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 examination schedule gives the location, schedule, and final filing dates. If you selected an exam date, 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 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: \$80..... (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 the information submitted is true and correct.

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

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

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