STATE OF CALIFORNIAState of California QUALIFIED APPLICATOR CERTIFICATE APPLICATIONQualified				DEPARTMENT OF PESTICIDE REGULATIONDepartment of Pesticide Regulation PEST MANAGEMENT AND LICENSING BRANCH LICENSING AND CERTIFICATION	
			PEST MANAG		
Applicator Certificate Application <u>DPR-PML-LIC</u> -001A (REVey. 01/1807/23) Page 1 of 2			PROGRAM	Licensing and Certification Program	
$\frac{\partial PR-PME-LIC}{\partial O} = 001A (REVEV. 01/160/723) Page 1 012$			SACRAMENTO, (	P.O. BOXPO Box 4015 CALIFORNIASacramento, California	
			——i	95812-4015 ( <del>916) 445-4038</del>	
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.				E-Mail: LicenseMail@cdpr.ca.gov	
		ysical address		Web site: http://www.cdpr.ca.gov/	
A. Application Type.A. Application Type. Check the ap			SEE PAGE 2. For com	plete instructions, see page 2.	
NEW APPLICATION New Application (New Application Fee of \$40 is required and a copy)				ST CONTROL	
(New Application Fee of \$40 is required and a copy of valid government-issued documentation – See Fail or No Show on Previous Exam			CATEGORY	CATEGORY(IES)Adding Pest Control Category(ies)	
Instructionsin Section G).			<u></u>	•	
B. Applicant Information. B. Applicant Information.					
NAME (Last) (First)(First)(First)	irst) (Middle Initial)(Middle Initial)		Certificate/Application #)	HOME PHONE NUMBER	
	1	(if applicable)Date	of Birth (mm/dd/yyyy)	() QAC Number (If applicable	
MAILING ADDRESS (Number and Street or P.O. Box)Mailing Address (	Number and Street or PO Box)			WORK PHONE NUMBER	
				(	
(County)(County)(County)	<u>inty)</u>	(State)(State)	(ZIP Code)(ZIP Code)	CELL PHONE NUMBER	
CURRENT EMPLOYER (Check only one box)Current Employer (Check on	alv one box)	I		Cell or Home Phone Number	
City County State Federal Pest Control		er Other	or N/A	Diceos <u>e-mail/redicess</u>	
<u>City</u> <u>County</u> <u>State</u> <u>Federal</u> <u>Pest Control</u>			or N/A		
EMPLOYER NAME AND MAILING ADDRESSEmployer Name and Mailin	ng Address (If Applicable) (Number and Stre	eet <u>, or</u> P <del>.</del> O <del>.</del> Box, City	, State, Z <del>ip<u>IP</u> Code)</del>		
C. Examination - Laws, Regulations and Basic Principle Laws, Regulations, and Basic Principles \$50	<del>es.<u>C</u>. Examination – Laws, Regu</del> No fee or examination is rec		asic Principles.		
This examination must be passed along with one or			License/Certificate Nun	abor	
more categories in Section D below to obtain a- QAC.This examination must be passed along with one	(1) Have a valid PCA, APC QAL <u>;</u>	J, JPC, <del>OR<u>or</u></del>	License/Certificate Nu		
or more categories in Section D to obtain a QAC.	OR				
	$\square$ (2) Here percent this ever	n within the last 1	Application #Applicatio	<u>n #</u> :	
	(2) Have passed this exar months <u>; or</u>				
	(3) Are applying for a QAC				
D. Examinations - Categories. D. Examinations - Catego of the following exams must be passed in addition to the exa examinations <u>per applicationmay be taken at one time</u> (inclu	am in Section C <del>above</del> to become	a QAC. <mark>OnlyYo</mark>	by checking the app u may only select a n	ropriate box <u>(</u> es <u>)</u> . One or more naximum of four <del>(4)</del>	
(A) Residential, Industrial, and Institutional <b>\$50</b>	(I) Animal Agriculture <b>\$50</b>				
(B) Landscape Maintenance <b>\$50</b>	(J) Demonstration and Res	earch <b>\$50</b>			
(C) Right-of-Way <b>\$50</b>	(K) Health Related <b>\$50</b>				
(D) Plant Agriculture <b>\$50</b>	(L) Wood PreservationSoil			2	
(E) Forest <b>\$50</b>	Fumigation \$50     (0     (M) Antifouling-TributyltinNon-		Q) Maintenance (Q)	50	
(F) Aquatic <b>\$50</b>	(N) Sewer Line Root Control	ə <b>l \$50</b>	Spanish \$		
(G) Regulatory <b>\$50</b>	(O) Field Fumigation <b>\$50</b>	,	Laws, Regulations exam is not require	and Basic Principles	
(H) Seed Treatment <b>\$50</b>	(P) Microbial \$50			gulations, and Basic Section C) is not	
E Examination Schedule E Examination Schedule To					

<b><u>E. Examination Schedule.</u></b> I o complete this section,	see DPR's Web site for the examination s	schedule for available months and	
locations. DPR will assign the exam date. Scheduling is based on seat availabili	ty.Your exam date and location choices ar	e not guaranteed.	
	SECOND CHOICE - EXAMINATION MONTH & LOCATIONSecond Choice - Examination Month & Location		
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-refundat	ole. (Make check payable to "DPR Cashier")	
	<u>Amount</u>	Total Amount	
- New Application Fee (Fee is valid for 12 months) (If required per Section A) (Fee is v	<u>alid</u> \$40	\$	
for 12 months) (If required per Section A) - Laws, Regulations, and Basic Principles Examination Fee (If required per Sec	\$50 ion C)	\$	
<ul> <li>Category(ies) Examination Fee(s) (If required per Section D) (Enter the # of categories)</li> </ul>	<del>ories)</del> \$50 X	= \$	
······································	Total Fees Due	\$	

<u>H. Read Before Signing-H. Read Before Signing.</u> 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?

NO <u>No</u>
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I. I declare under penalty of perjury, under laws of the State of California, that the information submitted 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			

STATE OF CALIFORNIAState of California

QUALIFIED APPLICATOR CERTIFICATE APPLICATION INSTRUCTIONSQualified Applicator Certificate Application Instructions

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## 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:

- ✓ <u>\*</u>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); <u>date of birth; mailing</u> address; <u>e-mail-E-Mail</u> address; <u>home; work; and cell\_or home and work</u> 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 Eexam within one (1) yearthe past 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. AYou may only select a maximum of four (4) examinations may be scheduled per locationper 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:-
- 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: <a href="https://www.cdpr.ca.gov/docs/license/exam\_sched.pdf">www.cdpr.ca.gov/docs/license/exam\_sched.pdf</a>>to find current exam information. The exam schedule gives the location, schedule, and final filing dates. If you selected an exam date, Yyour 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.
- 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 4015 Sacramento, California 95812 4015. Department of Pesticide Regulation Attn: Cashier MS-4A PO Box 4015 Sacramento, CA 95812-4015