

# **PEST CONTROL DEALER DESIGNATED AGENT LICENSE PACKET**

Contains the following documents:

- Licensing Requirements
- Application & Instructions
- Study Material Source List
- Licensing Visa/Mastercard Transaction Form

## PEST CONTROL DEALER DESIGNATED AGENT LICENSING REQUIREMENTS

**Do you need this license?** You must possess a Pest Control Dealer Designated Agent (DA) license if you are responsible for supervising all operations of a licensed pest control dealer at a principle and at each branch location.

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**Basic licensing requirements** You can obtain a DA license by submitting the application, appropriate fees, and passing the required examination.

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**Examination** You must pass the Laws and Regulations for Designated Agents examination with a score of 70 percent or higher (Title 3 of California Code of Regulations [3 CCR], section 6504). This examination demonstrates the applicant's knowledge of the laws and regulations governing the use and sale of pesticides, and the responsibilities of a Pest Control Dealer Business.

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**Examination exemption** Individuals that hold one of the following DPR licenses or Certificate may qualify to be a DA without taking the Designated Agents examination:

- Agricultural Pest Control Adviser License
- Qualified Applicator License
- Journeyman Pest Control Aircraft Pilot Certificate

Note that, Qualified Applicator Certificate holders, structural pest control operators, and out-of-state licensees do not qualify.

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**Exam schedules/processing time** The DPR Exam Schedule is posted on the web site at [www.cdpr.ca.gov/docs/license/liccert.htm](http://www.cdpr.ca.gov/docs/license/liccert.htm). Your application must be postmarked by the final filing date listed in the examination schedule in order for your requested month, location, and type of examination(s) to be processed.

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**Preparing for examination** To prepare for the examination, you should read the appropriate study materials listed on the Suggested Study Material Source List included in this packet. Many of the study materials have practice test questions at the end of each chapter that can help you evaluate whether you know the material well enough to pass the exam. For some categories, DPR has Knowledge Expectations on our web site that outline the type of information you will be expected to know when you take the examination.

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**Application fee** The application fee is \$55 for this license (3 CCR section 6502). This fee allows an applicant a 12 month period to become licensed.

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**Examination fees** The examination fee is \$115 (3 CCR section 6505) for each examination requested including:

- adding categories; and
- rescheduling due to failure to appear or obtain a passing score.

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**Second-year fee notice** If you pass the required examinations you may receive a Second-year Fee Notice. If you receive this notice, it means that in order to issue your 2-year license an additional \$55 is required. The 2-year cycles are illustrated in the table below.

<b>If your last name begins with...</b>	<b>Then your license will...</b>
A through L	Expire on December 31 of even-numbered years (e.g. 2024, 2026, 2028, etc.)
M through Z	Expire on December 31 of odd numbered years (e.g. 2023, 2025, 2027, etc.)

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**Valid Licenses** List of valid licenses may be viewed at [www.cdpr.ca.gov/docs/license/currlic/htm](http://www.cdpr.ca.gov/docs/license/currlic/htm).

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**License duration** Refer to the table above for expiration date.

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**General requirements** Once you obtain your license, you must prepare and maintain a two-year record of all pesticides sold or delivered by the dealer location you supervise as described in 3 CCR section 6560 – 6570.

Please review:  
<http://www.cdpr.ca.gov/docs/legbills/calcode/030106.htm#a6560>

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**Continuing education** No continuing education (CE) is required to renew the DA license.

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**Renewal fee** The renewal fee is \$110 for the 2-year cycle (3 CCR section 6502).

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**Late renewal fee** A late fee of 50 percent of the total renewal fee will be charged for each license or certificate postmarked after December 31 of your expiration year.

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**Miscellaneous fees**

The following chart lists possible miscellaneous fees.

Type	Amount	Details
Name change	\$20	<ul style="list-style-type: none"> <li>• You must immediately notify the Licensing and Certification Program <b>in writing</b> (3 CCR section 6508).</li> <li>• You must submit legal documents certifying the name change.</li> <li>• A new license will be automatically issued for all name changes.</li> <li>• The <i>Address Change/Name Change/Replacement Card Form</i> is available on our web site at: <a href="http://www.cdpr.ca.gov/docs/license/lcforms.htm">www.cdpr.ca.gov/docs/license/lcforms.htm</a></li> </ul>
Address change	\$20	<ul style="list-style-type: none"> <li>• You must immediately notify the Licensing and Certification Program <b>in writing</b> (3 CCR section 6508).</li> <li>• This fee is only required if you request a new license.</li> <li>• The <i>Address Change/Name Change/Replacement Card Form</i> is available on our web site at: <a href="http://www.cdpr.ca.gov/docs/license/lcforms.htm">www.cdpr.ca.gov/docs/license/lcforms.htm</a></li> </ul>
Duplicate	\$20	<ul style="list-style-type: none"> <li>• This fee applies to requests for a duplicate or replacement license.</li> <li>• The <i>Address Change/Name Change/Replacement Card Form</i> is available on our web site at: <a href="http://www.cdpr.ca.gov/docs/license/lcforms.htm">www.cdpr.ca.gov/docs/license/lcforms.htm</a></li> </ul>

Name and/or address change fees are waived if the request is made during renewal.

**Common mistakes**

The most common application errors are:

- incorrect fees;
- missing the final filing date; and
- not specifying your preferred month, location, and type of examination(s).

You can avoid these errors by reading the application instructions carefully and by mailing your application **before** the final filing date.

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**Our mailing  
address**

Department of Pesticide Regulation  
Licensing and Certification Program  
P.O. Box 4015  
Sacramento, CA 95812-4015

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**For more  
information**

Please email us at [LicenseMail@cdpr.ca.gov](mailto:LicenseMail@cdpr.ca.gov).  
Note: Your application and materials must be mailed to DPR. We cannot  
accept electronic submittals.

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**Pest Control Dealer Designated Agent**

**License Application**

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 the physical address.

**A. Application Type.** Check the appropriate box. For complete instructions, see page 2.

- New Application  
 (New application fee of \$55 is required and a copy of valid government-issued documentation – See Instructions)
- Reexamination – Fail or No Show on Previous Examination

Note: If you currently possess a valid Agricultural Pest Control Adviser License (PCA), Qualified Applicator License (QAL), Journeyman Pest Control Pilot Certificate, or Apprentice Pest Control Pilot Certificate, you may act as a Pest Control Dealer Designated Agent.

**B. Applicant Information.**

Name (Last)	(First)	(Middle Initial)	Date of Birth (mm/dd/yyyy)	Dealer Designated Agent # (If applicable)
Mailing Address (Number and Street or PO Box)				Work Phone Number
(City)	(County)	(State)	(ZIP Code)	Cell or Home Phone Number
Employer Name and Mailing Address (If applicable) (Number and Street or PO Box, City, State, ZIP Code)				E-Mail Address

**C. 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.

<b>First Choice</b> – Examination Month & Location	<b>Second Choice</b> – Examination Month & Location
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**D. Reasonable Accommodation.**

Check if you need reasonable accommodation to take an exam.

**E. Fees. All fees are non-transferable and non-refundable.**

	Amount	Total Amount
New Application Fee (Fee is valid for 12 months)	\$55	\$ _____
Examination Fee	\$115	\$ _____
<b>Total Fees Due</b>		<b>\$ _____</b>

**F. 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 (Attach explanation on separate page)  No

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

Applicant Signature	Date Signed
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## **Pest Control Dealer Designated Agent 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:**

##### **New Application:** If you:

- \*Are applying for the Pest Control Dealer Designated Agent (DDA) 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.

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

Note: If you currently possess a valid Agricultural Pest Control Adviser License (PCA), Qualified Applicator License (QAL), Journeyman Pest Control Pilot Certificate, or Apprentice Pest Control Pilot Certificate, you may act as a Pest Control Dealer Designated Agent.

- B. Applicant Information:** Enter your name (name shall match the submitted valid government-issued documentation); date of birth; application number (if applicable); mailing address; E-Mail address; work and cell or home phone numbers; and current employer information (if applicable).
- C. Examination Schedule:** Provide your first and second choice. Indicate the examination month and location for each choice in the appropriate boxes. Your exam date and location choices are not guaranteed. Go to DPR's Web site to find [current exam information](#). If you selected an exam date, your application must be postmarked by the final filing date for the earliest choice you provided. DPR will assign your exam date.
- D. Reasonable Accommodation:** Reasonable accommodation will be provided to applicants who need assistance to take an exam. If you check "Yes" you will be contacted.
- E. Fees: All fees are non-transferable and non-refundable.**
- New Application Fee: \$55  
Examination Fee: \$115
- A new application fee of \$55 is only required if you meet the criteria for a "New Application" as stated in Section A, Application Type.  
An examination fee of \$115 is required for the Pest Control Dealer Designated Agent License examination you are requesting to schedule.
- F. Read Before Signing:** Check appropriate box and provide explanation, if necessary.
- G. Declaration / Signature Block:** 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:

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



**Suggested Study Material Source List**  
**Pest Control Dealer Designated Agent (DDA) License**

Studying the suggested study material can make the difference between passing and failing Department of Pesticide Regulation (DPR) DDA License examination. The examination is based on the study materials listed below. Options for obtaining the study material include purchasing, viewing or downloading from the web, and borrowing from public or college libraries.

**Pest Control Dealer Designated Agent License**

Study Material	Source
<u>Knowledge Expectations: Pest Control Dealer Designated Agent</u>	DPR, online: <a href="https://www.cdpr.ca.gov/docs/license/studymat/knowledge_da.pdf">https://www.cdpr.ca.gov/docs/license/studymat/knowledge_da.pdf</a>
<u>Laws and Regulations Study Guide, Third Edition. DPR, 2020.</u>	DPR, online: <a href="http://www.cdpr.ca.gov/docs/license/pubs/laws_regs_study_guide.pdf">http://www.cdpr.ca.gov/docs/license/pubs/laws_regs_study_guide.pdf</a>
<u>The Safe and Effective Use of Pesticides, Third Edition. University of California Integrated Pest Management Program, 2016.</u>	UC ANR: Order by online catalog: <a href="https://anrcatalog.ucanr.edu/">https://anrcatalog.ucanr.edu/</a> Order by phone: (800) 994-8849
<u>Title 3, California Code of Regulations, Division 6, Sections 6412, 6488 and 6560–6577.</u>	DPR, online: <a href="http://www.cdpr.ca.gov/docs/legbills/calcode/chapter_.htm">http://www.cdpr.ca.gov/docs/legbills/calcode/chapter_.htm</a>
<u>California Food and Agricultural Code, Divisions 6 and 7, Sections 11531, 12108, 12110, 12251–12258, and 12828.5.</u>	California Legislative Information, online: <a href="http://leginfo.legislature.ca.gov/faces/codes.xhtml">http://leginfo.legislature.ca.gov/faces/codes.xhtml</a>

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## Licensing Visa / Mastercard Transaction Form



Complete this payment form and mail with completed application form(s) to:

ATTN: Cashier  
 Department of Pesticide Regulation  
 PO Box 4015  
 Sacramento, CA 95812-4015

**All sections must be completed. Do not e-mail or fax this form. Electronically received forms will not be accepted.**

Failure to complete all sections of this form will result in your application and payment being delayed or rejected.

**Cardholder Information.**

Name (as it appears on the card)	Telephone Number (      )
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**Card Information.** (Visa and Mastercard only. No other cards are accepted)

Card Type (check one): <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard															
Card Number (16 digits):															
Expiration Date:															
Billing ZIP Code:															
Total Amount of Payment: \$															

**Signature of Cardholder**

Billing Address (Street or PO Box Number)

City	State	ZIP Code
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**If the cardholder is not the licensee, or if the cardholder is paying for multiple licensees, indicate who the payment is for below. Please attach an additional sheet if needed.**

1) Licensee Name	4) Licensee Name
License Number (if applicable):	License Number (if applicable):
2) Licensee Name	5) Licensee Name
License Number (if applicable):	License Number (if applicable):
3) Licensee Name	6) Licensee Name
License Number (if applicable):	License Number (if applicable):

(Department Use Only) – Entered on POS by:	Date Entered:	Date Mailed:	Mailed By:
Notes:			