

Maintenance Gardener Pest Control Business Renewal Application Packet

2024 Renewal Information for Business License Holders

Dates for Renewal

October 1, 2024	DPR encourages submitting completed renewal applications to DPR by this date to best ensure you receive your new license/certificate before January 1, 2025.
November 1, 2024	Processing time is 60 days for applications with payments processed by this date. Applications received after Nov 1 may experience a longer processing time and you may not receive your license/certificate by January 1.
January 1, 2025	Your license/certificate must be renewed by this date to continue working legally and without interruption.

Mailing of Renewal Packets

DPR is mailing renewal packets in September to provide sufficient time for business license holders to submit their applications by October 1. Renewal applications must be postmarked on or before December 31, or a late fee applies.

If you did not receive your renewal application or misplaced it, download a renewal packet from DPR's website:



Business License Renewal Application

The following forms will be included in the renewal packet:

- Renewal Application
- Business License Renewal Information
- Visa/MasterCard Transaction

Renewal applications must be filled out completely, signed by the qualified applicator or business owner, and submitted with the correct fee.

Financial Responsibility

Submit a copy of each policy with your business renewal application

- Proof of valid Chemical Liability Insurance
- Proof of valid Workers' Compensation Insurance if you have employees

Check your renewal status on DPR's Valid License List Web page:



Qualified Applicators

A qualified applicator cannot supervise the operations of more than one main or branch location.

Note: Your qualified applicator's renewal must be processed before the business license can be renewed. DPR recommends sending the business renewal and the qualified applicator renewal in together and sending them in early to best ensure they are processed timely, late fees are avoided, and your business remains licensed.

Address Changes

Always notify DPR in writing immediately of any address or name changes. When emailing DPR it is best to include your full name, business name, as well as your DPR Business License Number.

Name Changes

Always notify DPR immediately of any changes regarding the name of your business.

Note: A name change may affect your renewal cycle and additional fees may apply.

Ownership or Entity Type Changes

Licenses are not transferable. You must notify DPR immediately of any changes in ownership or entity type. Typically, you will need to re-apply as a new applicant and pay the appropriate fees.

Questions about your application?

For questions regarding your application please email DPR at: LicenseMail@cdpr.ca.gov



DPR Electronic Mailing List

Sign up for important information and updates from DPR about Licensing and CE

License or Certificate Type	DPR Staff Name and Contact Information
General Questions	LicenseMail@cdpr.ca.gov
Pest Control Businesses	Alpha: A-D, S-Z Regina Maglia Regina.Maglia@cdpr.ca.gov
	Alpha: E-R Heather Allen Heather.Allen@cdpr.ca.gov

When emailing DPR, it is best to include your full name, your business name, and your DPR Business License Number, as well as any payment processing information that you have.

Maintenance Gardener Pest Control Business Renewal Application

Business License Number: _____

Business Name: _____

Address: _____

City, State, ZIP: _____

<input type="checkbox"/> Name Change	<input type="checkbox"/> Mailing Address Change

Enter Changes Above	

Important – Please Read

A separate renewal application is required for each Maintenance Gardener business location.
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 (QAL) with category "B" or a Qualified Applicator Certificate (QAC) with category "Q" or "B" to engage in pest control.

Name: _____ License / Certificate Number: _____ Category: _____

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)

_____	_____	_____
Insurance Carrier Name	Policy Number	Expiration Date

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

Amount Enclosed: \$ _____

E-Mail Contact (optional). Please provide your E-Mail address below:

E-Mail Address

I declare under penalty of perjury, under laws of the State of California, that the above information provided by me is true and correct.

_____	_____	_____	_____
Signature	Print Name	Title	Date Signed

Maintenance Gardener Pest Control Business Renewal Application Instructions

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

Instructions: To help ensure that your renewal application is completed in full prior to mailing, review the following:

Changes of Name / Address: 3CCR Section 6508 requires all license / certificate holders to notify DPR immediately, in writing, of any change in information required on the application. Indicate any corrections to the information included on the front of the renewal form in the space provided.

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

Qualified Applicator: Each Maintenance Gardener (MG) pest control business location must have a qualified person who possesses a valid Qualified Applicator Certificate (category Q or B) or License (category B) to engage in pest control. Provide the name, license/certificate number, and category of the qualified applicator who is responsible for supervising the pest control operations of the business stated on the renewal form. **If the qualified applicator's license or certificate is expiring, they must renew before the business license can be renewed.**

Worker Compensation Insurance: Each applicant who is an employer as defined in Section 3300 of the California 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. If you are able to financially respond to damages using your own personal assets, please check the first box under this section. Otherwise, provide a copy of the documents that meet the requirements of Food and Agriculture Code Section 11702(c)(2) and 3CCR Section 6524. The MG 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 MG pest control business license 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: "DPRCashier."

License Renewal (2 Year) and Late Penalty Fees

	Renewal	Late Fee
MG Pest Control Business	\$360	\$180

Declaration / Signature: Sign, title, and date the renewal application form.

Mailing Instructions: 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

Questions? Your business name and license number will be posted to [the valid license list on DPR's web site](#) as soon as your application is approved and logged into the database. For other questions about your application, please contact the Licensing and Certification Program at (916) 445-4038 or by E-Mail at LicenseMail@cdpr.ca.gov.

**MAINTENANCE GARDENER PEST CONTROL BUSINESS
LICENSE RENEWAL INFORMATION**

PR-PML-137 (REV 4/18)

DEPARTMENT OF PESTICIDE REGULATION
PEST MANAGEMENT AND LICENSING BRANCH
LICENSING AND CERTIFICATION PROGRAM
P.O. BOX 4015, MS-4A
SACRAMENTO, CA 95812-4015
(916) 445-4038
E-Mail: LicenseMail@cdpr.ca.gov
Web site: http://www.cdpr.ca.gov

A. Officer/Owner Information		Fax #	E-mail Address	Business Phone Number
Officer/Owner Name		Title		
1.				
2.				
3.				
4.				

B. Pest Control Business Information

1. Please indicate the type of pest control your business performs by checking the appropriate box(es) below.

<input type="checkbox"/> Interior Landscape Maintenance	<input type="checkbox"/> Turf Pest Control	<input type="checkbox"/> Weed Control
<input type="checkbox"/> Exterior Landscape Maintenance	<input type="checkbox"/> Ornamental Pest Control	

2. Please indicate the county(ies) you will be working in by checking the appropriate box(es) below.

- | | | | | |
|-----------------|-----------------|--------------------|---------------------|----------------|
| 1. Alameda | 13. Imperial | 25. Modoc | 37. San Diego | 49. Sonoma |
| 2. Alpine | 14. Inyo | 26. Mono | 38. San Francisco | 50. Stanislaus |
| 3. Amador | 15. Kern | 27. Monterey | 39. San Joaquin | 51. Sutter |
| 4. Butte | 16. Kings | 28. Napa | 40. San Luis Obispo | 52. Tehama |
| 5. Calaveras | 17. Lake | 29. Nevada | 41. San Mateo | 53. Trinity |
| 6. Colusa | 18. Lassen | 30. Orange | 42. Santa Barbara | 54. Tulare |
| 7. Contra Costa | 19. Los Angeles | 31. Placer | 43. Santa Clara | 55. Tuolumne |
| 8. Del Norte | 20. Madera | 32. Plumas | 44. Santa Cruz | 56. Ventura |
| 9. El Dorado | 21. Marin | 33. Riverside | 45. Shasta | 57. Yolo |
| 10. Fresno | 22. Mariposa | 34. Sacramento | 46. Sierra | 58. Yuba |
| 11. Glenn | 23. Mendocino | 35. San Benito | 47. Siskiyou | |
| 12. Humboldt | 24. Merced | 36. San Bernardino | 48. Solano | |

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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:			