

# Reexamination or Adding Categories Application

LIC-083 (Rev. 08/24)

## Do Not Use This Form For A New Applicant

<b>Applicant Type</b> – Check the appropriate box(es).	<b>License/Certificate Type</b> – Check the appropriate box. <b>Only one per application.</b>
<input type="checkbox"/> Reexamination	<input type="checkbox"/> QAL <input type="checkbox"/> DA <input type="checkbox"/> Manned Journeyman Pilot <input type="checkbox"/> Unmanned Journeyman Pilot
<input type="checkbox"/> Adding New Category(ies)	<input type="checkbox"/> QAC <input type="checkbox"/> PCA <input type="checkbox"/> Manned Apprentice Pilot <input type="checkbox"/> Unmanned Apprentice Pilot

**Applicant Information** – Print or type.

Name (Last)	(First)	(MI)	DPR Application or License/Certificate Number
Mailing Address (Number and Street or PO Box)			Telephone Number
E-Mail Address		(City)	(State) (ZIP Code)
(County)			

**Laws, Regulations, and Basic Principles must be passed in addition to at least one category in order to obtain a license or certificate (except DDA, VCT, and QAC-Q).**

**Applicants who do not obtain a license or certificate within 12 months of their original exam date will be required to submit a new application, new application fees, and must retest in all exams passed.**

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

**Each Examination Requires a \$115.00 Fee. Indicate the examination(s) you want to take by writing the name of the category and corresponding category letter.**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

<p><b>E-Mailed Copies Are Not Accepted</b></p> <p>Make checks payable to “Cashier, DPR.”</p> <p>Total Amount Enclosed: \$ _____</p>	<p><b>Mail Applications and Payment to:</b></p> <p>Department of Pesticide Regulation                  Attn: Cashier MS-4A                  PO Box 4015                  Sacramento, CA 95812-4015</p>
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**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: \_\_\_\_\_ Date: \_\_\_\_\_