

Pest Control Dealer License 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.

Pest Control Dealer License Renewal Application

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Department of Pesticide Regulation
Licensing and Certification Program

PO Box 4015

Sacramento, CA 95812-4015

E-Mail: LicenseMail@cdpr.ca.govWeb site: <http://www.cdpr.ca.gov>

Business License Number: _____

Business Name: _____

Address: _____

City, State, ZIP: _____

☐ Name Change☐ Mailing Address Change

Enter Changes Above

Important – Please ReadComplete all fields below. See page 2 for complete instructions.**Qualified Person.**

Each business location must have a qualified person who possesses a valid Agricultural Pest Control Adviser License (PCA), Pest Control Dealer Designated Agent License (DDA), Pest Control Pilot Certificate, or Qualified Applicator License (QAL) to engage in pest control from each location. If you need additional space, attach a separate sheet of paper.

Main / Branch
License Number

Main / Branch Location Address

Qualified Person's Name and License Number

(The Qualified Person's license must be renewed
before the Dealer License is renewed)

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

Pest Control Dealer License Renewal Application Instructions

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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 is required if you had a change in business organization (Corporation, Partnership, Individual, Non-Profit, Limited Liability, and Limited Liability Partnership), or ownership.

Qualified Person: Each pest control business location (Main or Branch) must have a qualified person who possesses a valid Agricultural Pest Control Adviser License (PCA), Pest Control Dealer Designated Agent License (DDA), Pest Control Pilot Certificate, or Qualified Applicator License (QAL) to engage in pest control from each location. Provide the name(s) and license/certificate number(s) of the qualified person who is responsible for each location in the space provided on the renewal form. If additional space is needed, attach a separate sheet of paper. **If the qualified person's license is expiring, they must renew before the dealer license can be renewed.**

Fees: All fees are non-transferable and non-refundable. Fees must be paid for each pest control dealer license location (Main and Branch) 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

Pest Control Dealer License (Main)	Renewal	Late Fee	Pest Control Dealer License (Branch)	Renewal	Late Fee
	\$720	\$360		\$360	\$180

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

Mailing Instructions: Send the completed renewal application and required 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.

STATE OF CALIFORNIA
**PEST CONTROL DEALER BUSINESS
LICENSE RENEWAL INFORMATION**
PR-PML-134 (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: Licenseemail@cdpr.ca.gov
Web site: <http://www.cdpr.ca.gov>

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

B. Pest Control Sales Information

Please indicate what type of product your pest control dealer business sells.

Check the appropriate box(es):

☐ Sell Agricultural Use Pesticides.

☐ Sell California Restricted Materials or Federal Restricted Use Pesticides.

☐ Sell Antifouling Paints or Coatings Containing Tributyltin.

☐ Sell Non-Agricultural Use Pesticides.

☐ Sell Methods or Devices (such as Biological Control Agents, Lures or Insect Trapping Devices) for the Control of Agricultural Pests.

Worker's Compensation Insurance Verification

PR-LIC-120 (Rev. 08/22)

A. Declaration. Please print or type.

I, _____, the undersigned, verify under penalty of perjury, under laws of the State of
Name

California, that the information provided below, is true and correct. The business mentioned herein is covered by worker's

compensation insurance: _____
Name of Business

License number: _____ Telephone number: _____

B. Worker's Compensation Insurance Information. Please print or type.

Worker's Compensation Insurance Carrier Name	Policy Number	Expiration Date

C. Sign and Return. Sign and date. Return with your renewal application or send to DPRInsurance@cdpr.ca.gov.

Signature	Title	Date

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
()

Card Information. (Visa and Mastercard only. No other cards are accepted)

Card Type (check one): ☐ Visa ☐ Mastercard

Card Number (16 digits):

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Expiration Date:

		/		
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Billing ZIP Code:

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Total Amount of Payment: \$

Signature of Cardholder

Billing Address (Street or PO Box Number)

City

State

ZIP Code

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: