

PEST CONTROL DEALER BUSINESS LICENSE PACKET

Contains the following documents:

- Licensing Requirements and Fact Sheet
- Application and Instructions
- Licensing Visa/Mastercard Transaction Form

**Do you need
this license?**

You must possess a pest control dealer license if you are a person, manufacturer, distributor, or retailer who does any of the following:

- Sells agricultural use* pesticides, methods, or devices for the control of agricultural pests to users
- Solicits pest control sales through recommendations made by your field representatives
- Sells restricted use pesticides to users

*California's definition of agricultural use includes but is not limited to: commercial production of animals or plants, golf courses, parks, cemeteries, roadsides, power line rights-of-way, and nurseries.

**Basic licensing
requirements**

You can obtain a pest control dealer license by submitting the application, appropriate fee, and supporting business information and documents. The following criteria must be met **prior** to the issuance of this license:

- Qualified person
 - Documents required to verify your business name and type
 - Worker's compensation insurance
-

**Qualified
person**

According to the Food and Agricultural Code (FAC) section 12101.5, you must have at least one person in a supervisory position at each principle and branch location who:

- Is actively responsible for the operation of the dealership, and
- Holds a valid pest control dealer designated agent license, agricultural pest control adviser license, pest control aircraft pilot certificate, or a qualified applicator license

Please state the name of the qualified person, their license or certificate number, and their license or certificate category on the application form.

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**Verifying your
business name
and type**

According to FAC section 11702(a), you must have the following documents to verify your business name and type. If you are the sole proprietor (i.e., owner) and use your surname as part of your business name, then no documents are required.

| | Details |
|---|--|
| <i>Fictitious Business Name Statement</i> | <ul style="list-style-type: none">• Obtainable from the County Clerk's Office or County Recorder's Office• Applies to any business operating under a fictitious name |
| <i>Certificate of Good Standing</i> | <ul style="list-style-type: none">• Obtainable from the California Secretary of State's Office• Applies to any domestic or foreign corporation operating in California• Must be registered with the California Secretary of State's Office• For registration information, see the Secretary of State's Web site at: https://bizfileonline.sos.ca.gov/search/business |

**Worker's
compensation
insurance**

Each applicant, who is an employer as defined in Section 3300 of the Labor Code, is required to carry worker's compensation insurance. The Department of Pesticide Regulation's (DPR) policy on the worker's compensation insurance requirement is listed in the table below.

Note: If you are interested in self-insurance to fulfill this requirement, please go to the California Department of Industrial Relations' Web site at <http://www.dir.ca.gov/SIP/sip.html>.

| | Then you must ... |
|--|---|
| Valid worker's compensation insurance policy | <ul style="list-style-type: none">• State the carrier's name, policy number, and expiration date on the application• Write "not applicable" if your business has no employees• Sign your application |
| Expired worker's compensation insurance policy | Choose one of the following: <ul style="list-style-type: none">• Submit a certificate of insurance from your insurer stating that the policy is valid, along with the expiration date• Complete the <i>Worker's Compensation Insurance Verification</i> form (PR-PML-120), which can be found on DPR's Web site at: http://www.cdpr.ca.gov/docs/license/lcforms.htm |

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**Other
requirements**

Once you obtain your license, you must do all of the following:

- Maintain records of all purchases, sales, and distributions of pesticides at main and branch offices for four years. You must report the total dollars of sales and total pounds or gallons of agricultural use pesticides sold into or within California to DPR's director on a quarterly basis.
- Pay the quarterly mill assessment to the director if the registrant or pesticide broker has not paid it (FAC section 12406[b]).
- Report purchases from other licensed dealers or registrants to the director on an annual basis.
- Retain agricultural pest control adviser's written recommendations for two years.
- Retain restricted material permits and operator identification statements records for two years.
- Within 10 days following the end of each quarter, a Pest Control Dealer must send a list of all purchasers of restricted materials during that quarter, along with their operator identification number, to each of the County Agricultural Commissioner's offices who issued those numbers.
- Retain Qualified Applicator License, Qualified Applicator Certificate, and Private Applicator Certificate numbers and pest control category(ies) received from purchasers when the operator identification number certificate was not required.
- Obtain a copy of the ship vessel registration for tributyltin purchases.
- Obtain and retain, for two years, a signed statement from the qualified applicator certifying they will not apply any product containing clopyralid to a residential lawn, and will only apply clopyralid to sites where they can assure the collected grass clippings will remain on the property.
- When selling a high-volatile organic compound (VOC) nonfumigant product with agricultural uses to a property operator in the San Joaquin Valley ozone nonattainment area, the Pest Control Dealer must provide to the purchaser required VOC information in writing at the time of purchase or delivery. Additionally, the Pest Control Dealer must indicate on the invoice the information above was provided to the purchaser.

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Application fee The application fees are \$360 (main) and \$180 (branch) **per calendar year** (Title 3 of California Code of Regulations [3 CCR], Code section 6502), which are based on the following 2-year cycles:

| | Then your license will ... |
|---|---|
| A through L | Expire on December 31 of even-numbered years (e.g., 2018, 2020, 2022, etc.) |
| M through Z (including businesses starting with “The”) | Expire on December 31 of odd-numbered years (e.g., 2017, 2019, 2021, etc.) |

For example, if you applied for a license under the name “Pest Control Dealer Corporation” in January 2017, then your license would expire on December 31, 2017 and the fee would be \$160. If you applied for a license under the name “Best Pest Control Dealers” in January 2017, then your license would expire on December 31, 2018 and the fee would be \$320.

Renewal fee The renewal fee is \$720 (main) and \$360 (branch) for the 2-year cycle (3 CCR section 6502). We do not prorate your renewal fee if you renew your license late.

Late renewal fee A late fee of 50 percent of the total renewal fee will be assessed for each license postmarked after December 31 of the expiration year.

Miscellaneous fees The following chart lists the miscellaneous fees for this license. We charge a maximum fee of \$20 for **all** changes/requests that are submitted on a single application form.

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

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**License
duration**

A new license may be issued for up to two years, depending on when you apply and your license cycle. Each renewed license is valid for two years unless you renew late.

**Most common
mistakes and
how to avoid
them**

The most common application errors made are:

- Incorrect fees
- No insurance documents, or the insurance documents submitted do not meet our requirements
- No business type information provided
- No qualified person listed

You can avoid these errors by reading the application instructions carefully and by mailing your renewal application **before** your license expires.

**Our mailing
address**

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

**For more
information**

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

For complete instructions, see pages 3 and 4.

A. Application Type. Check the appropriate box(es).

| | | |
|--|--|--|
| <input type="checkbox"/> New Application | <input type="checkbox"/> Name / Address Change | <input type="checkbox"/> Add Branch Location |
| <input type="checkbox"/> Duplicate / Replacement License | Pest Control Dealer License # _____ | |

B. Business Information.

Business Name

E-Mail Address

Phone Number

| | | | | |
|--|--------|----------|---------|------------|
| Business Mailing Address (Number and Street or PO Box) | (City) | (County) | (State) | (ZIP Code) |
| Business Location Address (Number and Street) | (City) | (County) | (State) | (ZIP Code) |

| | | | |
|-------------------------|-------------------------------------|-------------------------------|-----------------|
| Qualified Person's Name | Type of License / Pilot Certificate | License / Pilot Certificate # | Expiration Date |
|-------------------------|-------------------------------------|-------------------------------|-----------------|

Business Type (Check only one box.) See instructions for documentation requirements.

| | | |
|--------------------------------------|---|--|
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Individual | <input type="checkbox"/> Limited Liability Company |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Non-Profit Association | <input type="checkbox"/> Limited Liability Partnership |

C. Former Business Name. Enter former business name and license number below.

| | |
|----------------------|---------------------------|
| Former Business Name | License Number (optional) |
|----------------------|---------------------------|

D. Business Officers or Owners. Attach additional sheet if necessary.

| | |
|---|---------------------------|
| 1) Name | Title |
| Mailing Address (Number and Street or PO Box) | (City) (State) (ZIP Code) |

| | |
|---|---------------------------|
| 2) Name | Title |
| Mailing Address (Number and Street or PO Box) | (City) (State) (ZIP Code) |

E. Qualified Person and Branch Location. Each business location must have a qualified person, who possesses a valid Pest Control Dealer Designated Agent License (DDA), Agricultural Pest Control Adviser License (PCA), Qualified Applicator License (QAL), or Pest Control Aircraft Pilot Certificate. The qualified person is responsible for the operations of the pest control dealer business. Attach additional sheet if necessary.

| | | | |
|---|--------------------------------------|-------------------------------|-----------------|
| 1) Qualified Person's Name | Type of License or Pilot Certificate | License / Pilot Certificate # | Expiration Date |
| Branch Location Address (Number and Street) | (City) | (State) | (ZIP Code) |

| | | | |
|---|--------------------------------------|-------------------------------|-----------------|
| 2) Qualified Person's Name | Type of License or Pilot Certificate | License / Pilot Certificate # | Expiration Date |
| Branch Location Address (Number and Street) | (City) | (State) | (ZIP Code) |

E. Qualified Person and Branch Location. (Continued from page 1).

3) Qualified Person's Name | Type of License or Pilot Certificate | License / Pilot Certificate # | Expiration Date
Branch Location Address (Number and Street) | (City) | (State) | (ZIP Code)
4) Qualified Person's Name | Type of License or Pilot Certificate | License / Pilot Certificate # | Expiration Date
Branch Location Address (Number and Street) | (City) | (State) | (ZIP Code)
5) Qualified Person's Name | Type of License or Pilot Certificate | License / Pilot Certificate # | Expiration Date
Branch Location Address (Number and Street) | (City) | (State) | (ZIP Code)

F. Pest Control Dealer Type. Select the type(s) of pest control your business will engage in.

[] Agricultural Use Pesticides Only [] Livestock / Poultry Pesticides
[] Restricted Use Pesticides Only (Either California or Federal) [] Biological Control Agents
[] Both Agricultural Use and Restricted [] Other

G. Worker's 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 your business has no employees, write "No employees" below.

Worker's Compensation Insurance Carrier Name | Policy Number | Expiration Date

H. Fees. All fees are non-transferable and non-refundable. (See "New License Fee Examples" on page 4)

Table with 5 columns: Fee Category, 1-Year, 2-Year, # Branches, Total Fees. Rows include Main Location, Branch Location, Name / Address Change, Duplicate / Replacement Fee, and Total Fee(s) Due.

Enclose a check, money order, or credit card information for the total amount due. Make payable to: "DPR Cashier."

Mailing Instructions: Mail your completed application, required documentation, and fees to:

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

I. 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 actions or in which any disciplinary action is pending?

[] Yes (Attach explanation on separate page). [] No

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

Applicant Signature | Date Signed

Pest Control Dealer License Application Instructions

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

A. Application Type:

New Application: If you are applying for a Pest Control Dealer License for the first time.

Name / Address Change: Requesting name / address changes. Submit a copy of the legal document substantiating the name change. Address changes may be made directly on the application form. A new license will only be mailed if you submit a \$20 fee.

Add Branch Location: Adding a pest control dealer branch location to your license.

Duplicate / Replacement License: Requesting a duplicate or replacement license.

Pest Control Dealer License Number: Enter your current dealer license number.

B. Business Information (Main Location): If you are changing your business name, enter your former business name, and license number (optional), in Section "C". If there is a change in business name or address, you must immediately notify DPR in writing. Submit the following information with your new application or name change according to your business type below:

Partnership: Submit a "Fictitious Business Name Statement" which may be obtained from the county clerk's office.

Individual: If the business name is different than your surname (last name), submit a "Fictitious Business Name Statement" which may be obtained from the county clerk's office.

Non-Profit Association: If the business is a corporation, submit a current copy of the "Certificate of Good Standing" which may be obtained from the California Secretary of State, Certificate Department, 1500 11th Street, Sacramento, California 95814. If the business name is different than your surname (last name), submit a "Fictitious Business Name Statement" which may be obtained from the county clerk's office.

Corporation, Limited Liability Company, or Limited Liability Partnership: Submit a current copy of the "Certificate of Good Standing" which may be obtained from the California Secretary of State, Certificate Department.

C. Former Business Name: Enter the former name and license number (optional) in this section of the application.

D. Business Officers or Owners: List the name, title, and mailing address of the business officers and/or owner(s). If necessary, use an additional sheet of paper. Notify DPR immediately if there is a change in the business ownership or organization. A new application and fee must be immediately submitted for this change.

E. Qualified Person and Branch Locations: Each principal and branch office must have a qualified person who possesses a valid Pest Control Dealer Designated Agent License (DDA), Agricultural Pest Control Adviser License (PCA), Qualified Applicator License (QAL), or Pest Control Aircraft Pilot Certificate who is responsible for the operations of the pest control business. Use an additional sheet of paper if necessary. If there is a change in the qualified person for the business, notify DPR immediately. There is no fee required for this change.

F. Pest Control Dealer Type: Indicate the type(s) of pesticides the business will be selling. Check all that apply.

G. Worker's 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, enter the name of the worker's compensation insurance carrier, the policy number, and the policy expiration date.

H. Fees: All fees are non-transferable and non-refundable.

| License Type | A-L business name submitting in even calendar year* | M-Z business name submitting in even calendar year* |
|-----------------|---|---|
| | or M-Z business name submitting in odd calendar year* | or A-L business name submitting in odd calendar year* |
| Main Location | \$360 | \$720 |
| Branch Location | \$180 | \$360 |

Name / Address Change or Duplicate / Replacement Fee: \$20

*Your license fee is based on whether you are applying for a license for a Main or Branch Location, whether you are applying in an ‘even’ or ‘odd’ calendar year, and whether your business name begins with the letters ‘A-L’ or ‘M-Z.’ This is because DPR has a set two-year renewal cycle based on the business’ name. See the following examples to help determine the appropriate fee.

New License Fee Examples:

| Year Submitting Application | Business Name Starts with... | Main License Application Fee | Main License Application Fee | License expires on December 31 st of the: |
|---|---------------------------------|---------------------------------|---------------------------------|---|
| Odd Calendar Year (i.e., 2025, 2027...) | A-L | \$720 | \$360 | next even calendar year |
| | M-Z | \$360 | \$180 | current calendar year |
| Even Calendar Year (i.e., 2024, 2026...) | A-L | \$360 | \$180 | current calendar year |
| | M-Z | \$720 | \$360 | next odd calendar year |

I. Read Before Signing: Check appropriate box and provide explanation, if necessary.

J. Declaration / Signature Block: Sign and date your application.

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

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):

| | | | | | | | | | | | | | | | | | | |
|--|--|--|--|----|--|--|--|--|----|--|--|--|--|----|--|--|--|--|
| | | | | -- | | | | | -- | | | | | -- | | | | |
|--|--|--|--|----|--|--|--|--|----|--|--|--|--|----|--|--|--|--|

Expiration Date:

| | | | | |
|--|--|---|--|--|
| | | / | | |
|--|--|---|--|--|

Billing ZIP Code:

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| | | | | | | | |
|--|--|--|--|--|--|--|--|

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: