

PEST CONTROL BUSINESS LICENSE PACKET

Contains the following documents:

- Licensing Requirements and Fact Sheet
- Application and Instructions
- Financial Responsibility Options for Pest Control Business
- Financial Responsibility Documents:
 - ACORD Certificate of Liability Insurance (sample)
 - Certificate of Insurance
 - Pest Control Business Licensees Bond
 - Certificate of Deposit (no document is available; proof from bank issuer is required)
- Licensing Visa/Mastercard Transaction Form

**Do you need
this license?**

You must possess a pest control business license if you are a person or business who performs pest control for hire (i.e., advertising, soliciting, or operating as a pest control business). This licensing requirement applies to both principle and branch locations. Types of pest control business include but are not limited to

- Businesses that perform ground, aquatic, and/or aerial pest control applications
- Farm management or golf course management companies when their services include pest control
- Packing houses, shippers, storage facilities, and other processors who treat agricultural commodities owned by another person or firm (does not include cooperatives)
- Companies that perform pest control on rights-of-way, parks, golf courses, cemeteries, and nurseries
- Companies that sanitize institutional portable lines, dairy milk lines, and other similar areas
- Companies that treat cooling towers and evaporative condensers

**Licensing
exemption**

According to FAC section 11531, you are not required to obtain the pest control business license if your business engages in any of the following:

- Any activity that is defined as structural pest control and required to be licensed under Chapter 14 of Division 3 of the Business and Professions Code
- Preservative treatment of fabrics or structural materials
- Household or industrial sanitation services
- Seed treatment which is incidental to such person's regular business
- Live capture and removal or exclusion of vertebrate pests, bees, or wasps without the use of pesticides

Also, you are exempt from obtaining this license if your business performs pest control incidental to new construction such as paving parking lots and driveways, establishing new landscapes, or building homes or other structures. However, if you use or supervise the use of restricted material pesticides, then you must possess a valid Qualified Applicator License/Certificate (QAL/QAC) with the appropriate pest control category.

**Basic licensing
requirements**

You can obtain a pest control business 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:

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

Financial responsibility

According to FAC section 11702(c)(2) and Title 3 of the California Code of Regulations (3 CCR) section 6524, you must demonstrate financial responsibility by choosing **one** of the options listed below. See the *Financial Responsibility Options For Pest Control Business* chart for more details.

Option Type	Required Form(s)
Chemical Liability Insurance (for ground/fumigant applications)	Submit one of the following: <ul style="list-style-type: none"> • <i>Certificate of Insurance</i> (PR-PML-052) • <i>Acord Certificate of Liability Insurance</i>
Chemical Liability Insurance (for aerial applications)	<i>Certificate of Insurance</i> (PR-PML-052)
Certificate of Deposit	Valid proof from the bank issuer
Surety Bond	<i>Pest Control Business Licensees Bond</i> (PR-PML-053)

For pest control businesses that do **not** use pesticides as a method of pest control, please contact the Licensing and Certification Program at (916) 445-4028.

Qualified person

According to FAC section 11701.5, you must have at least one person in a supervisory position who holds a valid QAL with the appropriate category(ies) at each principle and branch location. Please state the name of the qualified person, their license or certificate number, and their license or certificate category on the application form.

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.

Document Name	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 • See the Secretary of State’s Web site at <www.sos.ca.gov/business/business.htm> for registration information

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**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 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>>.

If you have a(n) ...	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	<p>Choose one of the following:</p> <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>

**Other
requirements**

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

- Retain pest control application notification records for two years
- Retain records of pesticide use for two years
- Submit pesticide use reports to the county agricultural commissioner’s office in the county where the application was made
- Have valid permits for restricted materials used
- Retain agricultural pest control adviser written recommendations for one year
- Have a person who holds a valid journeyman pest control aircraft certificate if the business performs pest control using an aircraft and a Federal Aviation Administration operating certificate required to operate as a commercial agricultural aircraft operator

**County
registration**

Before you conduct any work, you must register the pest control business license with the county agricultural commissioner’s office in each county that you intend to perform pest control. Most counties require an annual fee for registration, which covers one calendar year. For a list of county registration fees, please go to our Web site at <<http://www.cdpr.ca.gov/docs/license/liccert.htm>>.

To register the business license, the individual who possesses the QAL card and is responsible for pest control business operations at that location must present the following items to the county agricultural commissioner’s office:

1. Pest Control Business License
2. QAL card with appropriate pest control category(ies)
3. Inventory of pest control equipment including number and kind of equipment

Application fee The application fees are \$160 (main) and \$80 (branch) **per calendar year** (3 CCR section 6502), which are based on the following 2-year cycles:

If your business name begins with ...	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 "Plum Corporation" in January 2017, then your license would expire on December 31, 2017 and your fee would be \$160. If you applied for a license under the name "Cools Pest Control" in January 2017, then your license would expire on December 31, 2018 and your fee would be \$320.

Renewal fee The renewal fees are \$320 (main) and \$160 (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.

Type	Amount	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 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 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
- Business type information is not provided
- A qualified person is not 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.

PEST CONTROL BUSINESS LICENSE APPLICATION

DPR-PML-042 (REV. 10/18)

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FOR COMPLETE INSTRUCTIONS, SEE PAGES 3 AND 4.**A. Application Type.** Check the appropriate box(es). NEW APPLICATION

NAME / ADDRESS CHANGE

 DUPLICATE / REPLACEMENT LICENSE

ADD BRANCH LOCATION

PEST CONTROL BUSINESS LICENSE# _____

B. Business Information (Main Location).

BUSINESS NAME _____

E-MAIL ADDRESS _____

FAX NUMBER _____

PHONE NUMBER _____

BUSINESS MAILING ADDRESS (Number and Street or P.O. Box Number) (City) (County) (State) (ZIP Code)

BUSINESS LOCATION ADDRESS (Number and Street) (City) (County) (State) (ZIP Code)

BUSINESS TYPE (Check only one box.) See instructions for documentation requirements.

CORPORATION

INDIVIDUAL

LIMITED LIABILITY COMPANY

PARTNERSHIP

NON-PROFIT ASSOCIATION

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 P.O. Box Number) (City) (State) (ZIP Code)

2) NAME _____ TITLE _____

MAILING ADDRESS (Number and Street or P.O. Box Number) (City) (State) (ZIP Code)

E. Qualified Applicator and Branch Location. Each business and branch location must have a qualified applicator who possesses a valid Qualified Applicator License (QAL) with the appropriate pest control category(ies). The qualified applicator is responsible for supervising all pest control operations performed by each main or branch location. Attach additional sheet if necessary.

1) QUALIFIED APPLICATOR'S NAME _____ QUALIFIED APPLICATOR LICENSE NUMBER _____ PEST CONTROL CATEGORY(IES) _____ EXPIRATION DATE _____

BUSINESS LOCATION ADDRESS (Number and Street) (City) (State) (ZIP Code)

2) QUALIFIED APPLICATOR'S NAME _____ QUALIFIED APPLICATOR LICENSE NUMBER _____ PEST CONTROL CATEGORY(IES) _____ EXPIRATION DATE _____

BRANCH LOCATION ADDRESS (Number and Street) (City) (State) (ZIP Code)

3) QUALIFIED APPLICATOR'S NAME _____ QUALIFIED APPLICATOR LICENSE NUMBER _____ PEST CONTROL CATEGORY(IES) _____ EXPIRATION DATE _____

BRANCH LOCATION ADDRESS (Number and Street) (City) (State) (ZIP Code)

4) QUALIFIED APPLICATOR'S NAME _____ QUALIFIED APPLICATOR LICENSE NUMBER _____ PEST CONTROL CATEGORY(IES) _____ EXPIRATION DATE _____

BRANCH LOCATION ADDRESS (Number and Street) (City) (State) (ZIP Code)

5) QUALIFIED APPLICATOR'S NAME _____ QUALIFIED APPLICATOR LICENSE NUMBER _____ PEST CONTROL CATEGORY(IES) _____ EXPIRATION DATE _____

BRANCH LOCATION ADDRESS (Number and Street) (City) (State) (ZIP Code)

Application Continued on Page 2

PEST CONTROL BUSINESS LICENSE APPLICATION

F. Pest Control Business Type.

1) Select the type(s) of pest control your business will engage in. Select all that apply.

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Aerial Application | <input type="checkbox"/> Biological Control | <input type="checkbox"/> Defoliation | <input type="checkbox"/> Plant Growth Regulators |
| <input type="checkbox"/> Ground Application | <input type="checkbox"/> Disease Control | <input type="checkbox"/> Fumigation <input type="checkbox"/> Soil <input type="checkbox"/> Product | <input type="checkbox"/> Vertebrate Control (incl. Birds) |
| <input type="checkbox"/> Landscape Maintenance | <input type="checkbox"/> Microbial Control | <input type="checkbox"/> Stored Ag. Prod./Post Harvest Treatment | <input type="checkbox"/> Weed Control |
| <input type="checkbox"/> Indoor Plant Maintenance | <input type="checkbox"/> Nematode Control | <input type="checkbox"/> Seed Treatment | <input type="checkbox"/> Wood Preservation |
| | <input type="checkbox"/> Insect, Mites & Other Invertebrates | | <input type="checkbox"/> Other _____ |

2) Indicate the type(s) of pest control categories your business will be engaged in by checking the appropriate box(es) below. Select all that apply.

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> A. Residential, Industrial & Institutional | <input type="checkbox"/> E. Forest | <input type="checkbox"/> I. Animal Agriculture | <input type="checkbox"/> N. Sewer Line Root Control |
| <input type="checkbox"/> B. Landscape Maintenance | <input type="checkbox"/> F. Aquatic | <input type="checkbox"/> J. Demonstration & Research | <input type="checkbox"/> O. Field Fumigation |
| <input type="checkbox"/> C. Right-of-Way | <input type="checkbox"/> G. Regulatory | <input type="checkbox"/> K. Health Related | <input type="checkbox"/> P. Microbial |
| <input type="checkbox"/> D. Plant Agriculture | <input type="checkbox"/> H. Seed Treatment | <input type="checkbox"/> L. Wood Treatment | |

G. Liability Insurance. Each applicant must show proof of financial responsibility that meets the requirements of Section 6524 of Title 3, of the California Code of Regulations. Proof of financial responsibility is demonstrated by having your insurance carrier complete one of the two attached insurance certificates or some other method approved by the Department.

H. 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
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I. Fees. All fees are non-transferable and non-refundable. (See chart in the instructions on page 4)

	1-Year	or	2-Year	#Branches	Total Fees
Main Location	\$160		\$320	--	= \$ _____
Branch Location	\$80		\$160	x _____	= \$ _____
Name/Address Change, Duplicate/Replacement Fee	\$20			x _____	= \$ _____
Total Fee(s) Due					\$ _____

Fee Exempt (A completed copy of the "No Fee Pest Control Business Application Supplement" must be submitted with your application)

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:

Cashier, Department of Pesticide Regulation
P.O. Box 4015
Sacramento, California 95812-4015

J. 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

K. 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
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PEST CONTROL BUSINESS LICENSE APPLICATION INSTRUCTIONS

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

A. **Application Type:**

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

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

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

Name/Address Change: Every business shall immediately notify the Department of Pesticide Regulation (DPR) of any change. Submit a copy of the legal document substantiating a 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.

Pest Control Business License Number: Enter your current pest control business 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 of 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.

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

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 Secretary of State, Certificate of 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.

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 owners. 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 Applicator and Branch Location:** Each business and branch office must have a qualified applicator who possesses a valid Qualified Applicator License (QAL) with the appropriate pest control category(ies) to engage in the business of pest control from that location. Each main and branch location must have its own qualified applicator responsible for supervising all pest control operations performed at that location. Use an additional sheet of paper if necessary. If there is a change in the qualified applicator for the business, notify DPR immediately. There is no fee required for this change. If the branch name is different from the main business name, indicate the branch name and submit a "Fictitious Business Name Statement" which may be obtained from the county clerk's office.

F. **Pest Control Business Type:** (1) Indicate the type of pest control your business will be performing or performs. (2) Indicate the type of pest control categories your business requires to be in business. Check all that apply.

G. **Liability Insurance:** Each applicant for a Pest Control Business License must demonstrate financial responsibility that meets the requirements of Title 3, California Code of Regulations (3 CCR) section 6524. (Note: Coverage must include chemical liability.) Financial responsibility is demonstrated by one of the following methods:

1. File with DPR an approved certificate of insurance certifying liability insurance coverage that meets the minimum requirements. This can be achieved by having your insurance carrier complete either the attached Certificate of Insurance (DPR-PML-052, Rev. 8/11) or the attached Certificate of Insurance Requirements Statement (PR-PML-173). If you use the Certificate of Insurance Requirements Statement form, have your insurance carrier submit their Certificate of Insurance along with an endorsement for pollution coverage if necessary and an "ACORD" that meets the requirements in 3 CCR 6524.

PEST CONTROL BUSINESS LICENSE APPLICATION INSTRUCTIONS

- 2. A Certificate of Deposit that meets the minimum requirements in 3 CCR section 6524.
- 3. A surety bond that meets the minimum requirements of 3 CCR section 6524.

See the Financial Responsibility Options chart in 3 CCR section 6524 for specific coverage requirements. If you have questions, call DPR.

H. **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.

I. **Fees: All fees are non-transferable and non-refundable.**

	A-L business name submitting in even calendar year*	M-Z business name submitting in even calendar year*
	OR	OR
License Type	M-Z business name submitting in odd calendar year*	A-L business name submitting in odd calendar year*
Main Location	\$160	\$320
Branch Location	\$80	\$160

Name/Address Change or Duplicate/Replacement: \$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	Branch License Application Fee	License expires on December 31 st of the:
Odd Calendar Year (i.e. 2019, 2021, 2023...)	A-L	\$320	\$160	current calendar year
	M-Z	\$160	\$80	
Even Calendar Year (i.e. 2018, 2020, 2022...)	A-L	\$160	\$80	next odd calendar year
	M-Z	\$320	\$160	

Mailing Instructions: Enclose a check, money order or credit card information payable to “Cashier, DPR” and mail to:

Cashier, Department of Pesticide Regulation
 P.O. Box 4015
 Sacramento, California 95812-4015

- J. **Read Before Signing:** Check appropriate box and provide explanation, if necessary.
- K. **Declaration/Signature Block:** Sign and date your application.

If you are applying for a pest control business license, then you must demonstrate financial responsibility by choosing **one** of the options listed in the tables below.

Required forms

The following table lists the forms required for each option. You can obtain all department PR-PML forms from our Web site at <<http://www.cdpr.ca.gov/docs/license/lcforms.htm>>. If you choose to submit the *Acord Certificate of Liability Insurance* form provided by your insurance company, then it **must state that your policy meets and complies with Title 3 of the California Code of Regulations, Code section 6524, including chemical bodily injury and chemical property damage coverage.** See our *Acord* sample for more details.

Type of Pest Control Business	Option 1: Liability Insurance	Option 2: Certificate of Deposit	Option 3: Surety Bond	Option 4: Self-insurance
Pest Control Business (Ground/Fumigations)	Submit one of the following: <ul style="list-style-type: none"> • <i>Acord Certificate of Liability Insurance</i> (must include required statement; see sample); or • <i>Certificate of Insurance</i> (PR-PML-052) 	Proof from bank issuer	<i>Pest Control Business Licensees Bond</i> (PR-PML-053)	N/A
Pest Control Business (Aerial)	Submit the following: <ul style="list-style-type: none"> • <i>Certificate of Insurance</i> (PR-PML-052) 	Proof from bank issuer	<i>Pest Control Business Licensees Bond</i> (PR-PML-053)	N/A
Maintenance Gardener Pest Control Business	Submit one of the following: <ul style="list-style-type: none"> • <i>Acord Certificate of Liability Insurance</i> (must include required statement; see sample); or • <i>Certificate of Insurance</i> (PR-PML-052) 	Proof from bank issuer	<i>Pest Control Business Licensees Bond</i> (PR-PML-053)	<i>Liability Certification Statement</i> (PR-PML-170)

Required amounts

The following table lists the dollar amounts required for each option.

Type of Pest Control Business	Option 1: Liability Insurance			Option 2: Certificate of Deposit	Option 3: Surety Bond	Option 4: Self-insurance
	Bodily Injury Per Person	Bodily Injury Per Occurrence	Property Damage			
Pest Control Business (Ground/Fumigations)	\$100,000	\$300,000	\$50,000	\$75,000	\$75,000	N/A
Pest Control Business (Aerial)	\$100,000	\$300,000	\$100,000 per aircraft (a)	\$50,000 per aircraft (b)	\$50,000 per aircraft (b)	N/A
Maintenance Gardener Pest Control Business	\$5,000	\$10,000	\$5,000	\$5,000	\$5,000	Pay for damages using personal assets

- (a) When more than one aircraft is insured, the property damage aggregate is one-half the property damage limit times the number of aircraft insured.
(b) A certificate of deposit or surety bond need not exceed \$300,000 per license.

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

PRODUCER	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
	INSURERS AFFORDING COVERAGE	NAIC #
INSURED	INSURER A:	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
		GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER				WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ DISEASE - POLICY LIMIT \$

Sample

Sample

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

DPR Pest Control Business Number: XXXXX (not applicable if new)

The coverage provided by this insurance company and issued to the aforementioned Named Insured fulfills the requirements pursuant to Title 3 of the California Code of Regulations, Code section 6524, including chemical bodily injury and chemical property damage coverage.

CERTIFICATE HOLDER California Department of Pesticide Regulation Licensing and Certification Program 1001 I Street P.O. Box 4015 Sacramento, CA 95812-4015	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL _____ DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE
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STATE OF CALIFORNIA
DEPARTMENT OF PESTICIDE REGULATION
CERTIFICATE OF INSURANCE
DPR-PML-052 (REV. 08/11)

PEST MANAGEMENT AND LICENSING BRANCH
1001 I STREET
SACRAMENTO, CA 95814-2828
P.O. BOX 4015
SACRAMENTO, CA 95812-4015
(916) 445-4038
FAX (916) 445-4033
Web site: <http://www.cdpr.ca.gov>

This is to certify to the Director of the Department of Pesticide Regulation, whose address is 1001 I Street, Sacramento, California 95814-2828 that _____ (name of business), an applicant for a pest control business license, is at this date insured with _____ (Insurance Company) for the Limits of Coverage stated below.

Coverage Descriptive Schedule

Insurance Coverage	Policy Number(s)	Expiration Date(s)	Limit of Liability Per Person	Limit of Liability Per Occurrence	Limit of Liability Annual Aggregate
1. Bodily injury <u>including</u> Chemical Liability			\$	\$	\$
2. Property Damage <u>including</u> Chemical Liability			\$	\$	\$
3. Combined Single Limit for Bodily Injury and Property Damage <u>including</u> Chemical Liability				\$	\$

List of Covered Aircraft (Attach additional sheet if necessary)

Aircraft "N" Number	Aircraft Usages (Chemical Use/Nonchemical Use)	Remarks
1) N		
2) N		
3) N		

Insured Information

INSURED BUSINESS NAME		PEST CONTROL BUSINESS LICENSE NUMBER (Optional)	
BUSINESS LOCATION ADDRESS	CITY	STATE	ZIP CODE

Insurance Company and Insurance Agent/Broker Information

1. INSURANCE COMPANY NAME	FAX NUMBER (Optional)	EMAIL ADDRESS (Optional)	PHONE NUMBER (Optional)
MAILING ADDRESS	CITY	STATE	ZIP CODE
CONTACT PERSON NAME (Optional)			
2. INSURANCE AGENT/BROKER NAME (Optional)	FAX NUMBER (Optional)	EMAIL ADDRESS (Optional)	PHONE NUMBER (Optional)
MAILING ADDRESS (Optional)	CITY (Optional)	STATE (Optional)	ZIP CODE (Optional)
CONTACT PERSON NAME (Optional)			

The undersigned hereby certifies that liability insurance issued to the aforementioned insured, fulfills the requirements stated above and the requirements pursuant to Section 6524, of Title 3, of the California Code of Regulations.

The issuing company agrees that in the event of non-renewal or material change, including cancellation or reduction of coverage of the policy(ies), the issuing company will endeavor to give the party to whom the Certification is issued 30 days advance notice of such non-renewal or change, but the issuing company shall not be liable in any way for failure to give such notice.

INSURANCE REPRESENTATIVE SIGNATURE	DATE
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**STATE OF CALIFORNIA
DEPARTMENT OF PESTICIDE REGULATION**

Pest Control Business Licensees Bond
Food and Agricultural Code Section 11702(c)(2)

Premium Amount: _____

KNOW ALL PERSONS BY THESE PRESENTS:

That _____

having an address for service at _____

_____,
California, as PRINCIPAL, and _____

_____,
a corporation duly authorized as an admitted surety insurer in the State of California, as SURETY, are held and firmly bound to the State of California, and in favor of every person or entity obtaining judgment against the **PRINCIPAL**, in the sum of _____ DOLLARS (\$ _____), for the payment of which we bind ourselves, or heirs, executors, successors, and assigns, jointly and severally, firmly by these presents.

WHEREAS, the above-named PRINCIPAL holds or has applied to the Director of Pesticide Regulation of the State of California for license entitling said PRINCIPAL to conduct the business of Pest Control, in accordance with the provisions of Division 6, Chapter 4 of the Food and Agricultural Code of the State of California; and

WHEREAS, the provisions of the Food and Agricultural Code Section 11702(c)(2), require that the PRINCIPAL satisfy the Director of PRINCIPAL's financial ability to respond in damages from any illness, injury, or damage resulting from the work authorized by the license, and this bond is executed and tendered in accordance therewith.

NOW, THEREFORE, if said PRINCIPAL shall respond in damages for any illness, injury, or damage resulting from the work, then this obligation is void, otherwise to remain in full force and effect.

The aggregate liability of the Surety on all claims whatsoever shall not exceed the penal sum of this bond.

This bond shall be deemed continuous in form and shall remain in full force and effect, and run concurrently with the license period and any and all renewals, or until cancellation or withdrawal of the Surety from the bond.

Surety may cancel or withdraw from this bond pursuant to the provisions of the Code of Civil Procedure Sections 996.310 et seq.

This bond is executed to comply with provisions of Chapter 4 of Division 6 of the Food and Agricultural Code and of Chapter 2, Title 14, Part 2 of the Code of Civil Procedure, and said bond shall be subject to all of the terms and provisions thereof.

NAME OF SURETY

ADDRESS FOR SERVICE

I certify (or declare) under penalty of perjury, under the laws of the State of California, that I have executed the foregoing bond under an unrevoked power of attorney.

Executed in _____,
(City and State)

on _____.
(Date)

Signature of Attorney-in-fact
of Surety

Printed or typed name of
Attorney-in-fact for Surety

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:			