

Reexamination or Adding Categories Application

LIC-083 (Rev. 08/24)

Licensing and Certification Program

PO Box 4015

Sacramento, CA 95812-4015

E-Mail: LicenseMail@cdpr.ca.gov

Web site: <http://www.cdpr.ca.gov>

Do Not Use This Form For A New Applicant

Applicant Type – Check the appropriate box(es).	License/Certificate Type – Check the appropriate box. Only one per application.
<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>E-Mailed Copies Are Not Accepted</p> <p>Make checks payable to “Cashier, DPR.”</p> <p>Total Amount Enclosed: \$ _____</p>	<p>Mail Applications and Payment to:</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: _____