Individual License/Certificate Renewal Application Packet 2024 Renewal Information for DPR License and Certificate 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.

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 (First MI Last) or business name, as well as your DPR License or Certificate Number.

Mailing of Renewal Packets

DPR is mailing renewal packets in August to provide sufficient time for license and certificate 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.



Qualified Person for Business

Business applications are held until the Qualified Person's license or certificate has processed. It is best to submit the Business and Qualified Person's individual application by October to allow time to register with the county before the New Year.

Individual License and Certificate Renewal

The following forms will be included in the renewal packet:

- Renewal Application
- License/Certificate Renewal Information
- CE Records Renewal Summary
- Visa/MasterCard Transaction

Renewal applications need to be signed and must include the required CE records summary and correct fee.

Check your renewal status on DPR's Valid License Web page:



Continuing Education

You must retain copies of your CE records for three years. DPR may request copies of your CE records to audit at any time. DPR does not track CE hours for individuals.

Your CE records must include:

- License/Certificate holder's name
- License/Certificate number and type
- Course location
- Course title
- Course date
- DPR course I.D. code
- Course hours attended for each CE category
- Name of instructor or sponsoring organization
- Your signature

The CE Record Renewal Summary (LIC-141 Page 2) is now a required document. Submit this form with your renewal application.

General Information about CE Courses

DPR-approved CE hours must be obtained during the valid period of the license or certificate. The valid period is listed on the license or certificate (from the 'date of issue' until the 'valid through' date). No grace period is given to obtain CE hours. No CE hours can be carried over to the next renewal period.

If renewing multiple licenses or certificates, you only need sufficient CE hours to meet the license/certificate with the most CE hours required.

Questions about your CE hours?

For questions about your CE hours, you must contact the course sponsor or your professional association. See DPR's website for current or previous years' courses and sponsors' contact info.





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	<u>LicenseMail@cdpr.ca.gov</u>
Pest Control Advisers (PCA)	Amber Rousseau Amber.Rousseau@cdpr.ca.gov
	Robin Caserta Robin.Caserta@cdpr.ca.gov
Qualified Applicator License/Certificate	Sheenal Charan <u>Sheenal.Charan@cdpr.ca.gov</u>
(QAL/QAC)	Kayla Troche <u>Kayla.Troche@cdpr.ca.gov</u>
	Alpha: A-D, S-Z Regina Maglia <u>Regina.Maglia@cdpr.ca.gov</u>
Pest Control Businesses	Alpha: E-R Heather Allen <u>Heather.Allen@cdpr.ca.gov</u>
Pilots Manned and Unmanned (APC/JPC/Vector)	Kenneth King Kenneth.King@cdpr.ca.gov
Dealer Designated Agents (DDA)	Regina Maglia <u>Regina.Maglia@cdpr.ca.gov</u>

Individual License/Certificate Renewal Application

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Department of Pesticide Regulation Licensing and Certification Program PO Box 4015 Sacramento, California 95812-4015 E-Mail: LicenseMail@cdpr.ca.gov Web site: http://www.cdpr.ca.gov/

Return application and continuing education (CE) hours by mail.

The mailing address indicated on this application is your address of record for your license/certificate, therefore, it is public information.

To use a post office box in lieu of the physical address or to submit any other address change, indicate in box below.

License/Certificate Holder Information				Employer/Business Information			
Name:			Emp	Employer/Business Name:			
Address:							
City, State, ZIP:							
Cell or Home Phone Number:			_ _ Bus	ness Ph	one Num	ber:	· · · · · · · · · · · · · · · · · · ·
E-Mail Address:			_				
Information is Correct Information I	nas Changed (s	ee below)		Informatio	n is Correct	Information has C	hanged (see below)
	Ir	nformation	Correction	ons			
License/Certificate Holder Information:							
Employer/Business Information:							
For Complete Instructions, See Page 3. CE hours must be completed by the expiration date on your license/certificate.							
Continuing Education Excess "Laws" hours can be used toward	ds "Other." Onl	y pest cont	rol aircraft	pilots may	use excess	"Aerial" hours towards	'Other."
Current License/Certificate	Renewal License/	Required	Required CE hours to renew all licenses and certificates			Renewal Fees	Late Fees
Number(s), Type, and Category(ies)	Certificate? (Circle Y or N)	Laws	Aerial	Other	Total CE Hours	Postmarked on or before 12/31	Postmarked after 12/31 (see page 3)
	Y/N					\$	
	Y/N					\$	
	Y/N					\$	
	Y/N					\$	
Laws			Aerial	Other	Total CE Hours	Total Due (Include late fees if applicable)	
Enter the number of CE hours you have	completed.						
Continuing Education Record Renewal Summary. Submit a Continuing Education Record Renewal Summary located on page 2 of this application.							
Fees. All fees are non-transferable and non-refundable.							
Medical Certificate Card. Manned Apprentice and Journeyman Pilots must submit a copy.							
Vector Control Technician certification (Category B). Unmanned Vector Control Technician Pilots must submit a copy.							
I declare under penalty of perjury, unde	r laws of the	State of	California	a, that th	e submitte	ed information is tru	e and correct.
Signature Date Signed							

State of California

Continuing Education Record Renewal Summary LIC-141 (Rev. 07/24) Page 2 of 3

1. Before the "Continuing Education Course Information" section, enter the follo certificate/license number. For each approved continuing education (CE) course sponsor, DPR course I.D. code, location of course, course completion date, and approved courses and obtained during the valid period of your license/certificate period. You must meet the minimum required CE hours for "Laws," and "Aerial,"	e completed, enter the d hours attended in ea e. Excess CE hours c	e following: title ach CE categor annot be carrie	of course, name of CE y. CE hours must be DPR- d over to your next renewal				
Only pest control aircraft pilots may use excess "Aerial" hours towards "Other." lotal number of CE hours you have completed for the current renewal period. The returned with your renewal application. If the information on this form is incompleted to the current renewal application.	In the boxes located in the Continuing Educated	n the bottom rig	ht- hand corner, enter the newal Summary form must be	CE I	Hours	Comp	leted
Use an additional sheet of this form if necessary. 2. Do not submit application and fee unless all required CE hours have been comby December 31 of your expiration year, you will be required to re-examine in laperson who violates California's pesticide laws and regulations including making or misrepresentation with meeting any license requirement is subject to penaltic Applicant Name Continuing Course Education Information	aws and regulations, a g a false or fraudulent	egulations, as well as categories you want to hold. A or fraudulent statement, record, report, or use any fraud 5,000 per violation; this includes falsifying a CE record.			Aerial Application and Techniques (A)	Other (O)	Total Hours (T)
Course Title		DPR Course I.I	Laws and Regulations			'	
Name of CE Sponsor		_		(L)	(A)	(O)	(T)
Location (City and State)		Course Comple					
Course Title		DPR Course I.I	D. Code				
Name of CE Sponsor				(L)	(A)	(O)	(T)
Location (City and State)		Course Comple	etion Date				
Course Title		DPR Course I.I) Code				
Name of CE Sponsor		DFR Course I.I	J. Code	(L)	(A)	(O)	(T)
·		Course Comple	etion Date				
Location (City and State)							
Course Title		DPR Course I.I	D. Code	(L)	(A)	(O)	(T)
Name of CE Sponsor		Course Comple	etion Date		<u> </u>		
Location (City and State)	=						
Course Title		DPR Course I.I.	D. Code	4.	(•)	(2)	(-)
Name of CE Sponsor				(L)	(A)	(O)	(T)
Location (City and State)		Course Comple	etion Date				
Course Title		DPR Course I.I	D. Code				
Name of CE Sponsor		_		(L)	(A)	(O)	(T)
·		Course Comple	etion Date				
Location (City and State)							
Course Title		DPR Course I.D. Code		(L)	(A)	(O)	(T)
Name of CE Sponsor		Course Comple	etion Date				
Location (City and State)							
			Total CE Hours				

Individual License/Certificate Renewal Application Instructions

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

DPR will only disclose personally identifiable information, such as home phone number and personal email address, to third parties as required by state or federal law or regulation and consistent with the Information Practices Act (Civ. Code, sections 1798-1798.78).

Changes in Information: License/certificate holders shall notify DPR immediately of any changes in information including, but not limited to: name changes, address changes, phone number changes, and employer/business information changes. Name changes shall include a copy of government-issued identification as proof of identity and name change. This proof of identity shall include the individual's previous name and their new name. Indicate any corrections to the information included on the front of the renewal form in the space provided.

License(s)/Certificate(s) to be renewed: Verify or list all license(s) and/or certificate(s) to be renewed.

Submit a Continuing Education Records Renewal Summary form located on page 2 of this application. <u>Electronic fillable copies of this form</u> are also available on DPR's website. Please note the following when submitting CE hours:

- CE hours must be DPR-approved courses and obtained during the valid period of your license/certificate.
- Excess CE hours cannot be carried over to your next renewal period.
- You must meet the minimum required CE hours for "Laws," and "Aerial," if required; extra hours in "Laws" may be applied towards "Other." Only pest control aircraft pilots may use excess "Aerial" hours towards "Other."
- If renewing multiple licenses or certificates, you only need to complete CE hours for the license or certificate with the most CE hours required, including specific category hours required (e.g. "Aerial").

Medical Certificate Card (Manned Apprentice and Journeyman Pilots Only): Submit a copy of your valid medical certificate card issued by the Federal Aviation Administration. DPR requires this information to determine compliance with Food and Agricultural Code Section 11901(a).

Department of Public Health Vector Control Technician certification (Category B-mosquito): Unmanned Vector Control Technician pilots are required to submit a copy of their certification.

Fees: All fees are non-transferable and non-refundable. Fees must be paid for each renewed license and/or certificate. A late penalty fee of fifty percent (50%) of the renewal fee will be assessed for each license and/or certificate **postmarked after December 31**.

License Renewal (2 Year) and Late Penalty Fees

License Type	Fee	Late	License Type	Fee	Late
Agricultural Pest Control Adviser	\$320	\$160	Qualified Applicator Certificate	\$140	\$70
Qualified Applicator License	\$270	\$135	Dealer Designated Agent License	\$110	\$55
Pest Control Aircraft Pilot Certificate, Manned	\$200	\$100	Pest Control Aircraft Pilot Certificate, Unmanned	\$200	\$100

Declaration/Signature: Sign here to indicate that all of the information submitted is true and correct.

Payment: Enclose a check or money order payable to "Cashier, Department of Pesticide Regulation" or credit card payment.

Mail:

- · Send payment;
- Completed renewal application form including the Continuing Education Records Renewal Summary form;
- · Pilot's Federal Aviation Administration medical certificate or Vector Control certification (if applicable); and
- Mail to:

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

Questions? Your name and license/certificate 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.

License/Certificate Renewal Information

Providing this information is optional (please complete the appropriate information below for license/certificate)

A. LICENSE/CERTIFICATE HOLDER INFORMATION

Name:								
First			Last					
E-mail Address:	nail Address:			ell Phone:				
B. EMPLOYER/E	BUSINESS INFORM	IATION						
Employer/Business I	Name:		Busines	s Phone:				
C. TYPE OF EM	Address PLOYER/BUSINES	S (Please check the appro	opriate boxes)	City	St	ate Zip Code		
	ctive in pest control wor							
Work for gove	ernmental agency.							
City		County	State	Feder	al			
Work for spec	cial government district.			_				
Irriga	tion District	School District	Mosquito Abatem	ent Othe	r:			
Work for a co	mpany that does its ow	n pest control and does n	ot offer its pest control ser	vices for hire to other pe	rsons.			
Work for or o	wn a Pest Control Busir	ness (check applicable on	es):					
Maintenance Gardener Pest Control Business Pest			Pest Con	trol Business (for hire) -	Aerial			
Control Business (for hire) - Ground			Manufacturing/Distributing Chemical Company					
Farm Labor Company			Pesticide Dealer Business					
Othe	er:							
Independent	Agricultural Pest Contro	ol Adviser						
D. CLASSIFICAT	TION OF PESTICID	ES						
Please indicate the	classification of pestic	cide(s) you may recomm	end, sell or supervise th	e use of, by checking t	he appropriate box(e	s) below.		
Fede	ral Restricted Use Pest	icides	General	Jse Pesticides				
California Restricted Materials			Not invol	ved with application or s	upervising the use of p	pesticides		
E. COUNTY REG	SISTRATION INFO	RMATION						
Please indicate the	county(ies) you will be	e working in by checking	the appropriate box(es)	below:				
1. Alameda	10. Fresno	19. Los Angeles	28. Napa	37. San Diego	46. Sierra	55. Tuolumne		
2. Alpine	11. Glenn	20. Madera	29. Nevada	38. San Francisco	47. Siskiyou	56. Ventura		
3. Amador	12. Humboldt	21. Marin	30. Orange	39. San Joaquin	48. Solano	57. Yolo		
4. Butte	13. Imperial	22. Mariposa	31. Placer	40. San Luis Obispo	49. Sonoma	58. Yuba		
5. Calaveras	14. Inyo	23. Mendocino	32. Plumas	41. San Mateo	50. Stanislaus			
6. Colusa	15. Kern	24. Merced	33. Riverside	42. Santa Barbara	51. Sutter			
7. Contra Costa	16. Kings	25. Modoc	34. Sacramento	43. Santa Clara	52. Tehama			
8. Del Norte	17. Lake	26. Mono	35. San Benito	44. Santa Cruz	53. Trinity			
9. El Dorado	18. Lassen	27. Monterey	36. San Bernardino	45. Shasta	54. Tulare			

State of California Department of Pesticide Regulation Sacramento, CA

Web site: http://www.cdpr.ca.gov Email: LicenseMail@cdpr.ca.gov

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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 Card Number (16 digits): / Billing ZIP Code: **Expiration Date:** 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:			