## 2020 RENEWAL INFORMATION FOR DPR LICENSE AND CERTIFICATE HOLDERS

### **Dates for Renewal**

DPR encourages submitting completed renewal applications to DPR by November 1, 2020 to receive your license/certificate by December 31, 2020. If submitted after November 1, you may not receive your license/certificate by January 1. You cannot work legally without a valid license/certificate. Processing time is 60 days.

Note that submitting your renewal before October, will ensure you have your license by early December and allow you to renew with the County by the New Year.

To check if you're renewed, go to DPR's website: <www.cdpr.ca.gov/docs/license/currlic.htm>

### **Address Changes**

Always notify DPR immediately of any address or name changes.

### **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 November 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 lost it, download a renewal packet from DPR's website: <www.cdpr.ca.gov/docs/license/liccert.htm> or email us and request a copy.

### **Business License Renewal Application**

The following forms will be included in the renewal packet:

- BusinessRenewal Application
- Renewal Information Request
- Visa/MasterCard Transaction DPR-105

Renewal applications must be filled out completely, signed, and submitted with the correct fee.

Note: Your qualified applicator must be renewed before your business license can be renewed.

# **Individual License and Certificate Renewal**

The following forms will be included in the renewal packet:

- Renewal Application DPR-PML-141
- License/Certificate Renewal Information
- CE Records Renewal Summary DPR-PML-123
- Visa/MasterCard Transaction DPR-105

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

### **Continuing Education**

License and certificate holders must keep copies of their CE records for three years. DPR may request copies of your CE records at any time.

Submit the CE Records Renewal Summary, DPR-PML-123 or a summary record of CE attendance from a third party professional association.

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. Number
- Course hours attended for each CE category
- Name of instructor or sponsoring organization
- Your Signature

### General Information about CE Courses

DPR does not track CE hours for individuals, but has the ability to audit CE records.

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 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:

<a href="http://www.cdpr.ca.gov/docs/license/cont\_ed\_cfm/classes.htm">http://www.cdpr.ca.gov/docs/license/cont\_ed\_cfm/classes.htm</a>

#### **DPR List Serve**

Sign up for important information and updates from DPR about Licensing and CE:

<www.cdpr.ca.gov/docs/dept/listserv/sub1113.htm>

License or Certificate Type	DPR Staff Name and Contact Information
General Questions	<u>LicenseMail@cdpr.ca.gov</u>
Pest Control Advisers (PCA)	Rebecca Olson Rebecca.Olson@cdpr.ca.gov
Qualified Applicator License/Certificate	Ashley Maderos Ashley.Maderos@cdpr.ca.gov
(QAL/QAC)	Robin Caserta  Robin.Caserta@cdpr.ca.gov
	Alpha: A-D, S-U, W-Z Regina Maglia <u>Regina.Maglia@cdpr.ca.gov</u>
Pest Control Businesses	Alpha: E-G, M-O Heather Allen <u>Heather.Allen@cdpr.ca.gov</u>
	Alpha: H-L, P-R, V Elizabeth Dummert Elizabeth.Dummert@cdpr.ca.gov
Pilots Manned and Unmanned (APC/JPC/Vector)	Shernee Tousant Willie.Tousant@cdpr.ca.gov
Dealer Designated Agents (DDA)	Elizabeth Dummert Elizabeth.Dummert@cdpr.ca.gov

# STATE OF CALIFORNIA INDIVIDUAL LICENSE/CERTIFICATE RENEWAL APPLICATION

DPR-PML-141 (Rev. 07/18) Page 1 of 2 DEPARTMENT OF PESTICIDE REGULATION PEST MANAGEMENT AND LICENSING BRANCH LICENSING AND CERTIFICATION PROGRAM P.O. BOX 4015 SACRAMENTO, CALIFORNIA 95812

(916) 445-4038 EMAIL: 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

information. To use a post office box ir	ı lieu of the physica	al address	or to suk	omit any	other addre	ess (	change, indicate i	n box below.	
		☐ Name Change				Address Cha	ange		
Name:									
Address:									
City, State, Zip:									
	Enter changes above								
CE HOURS MUST BE O	FOR COMPLET COMPLETED BY T			•		CE	NSE/CERTIFICA	TE	
Continuing Education Excess "Laws" and "Aerial" hours can be used - DPR does not keep record of individuals' hours		"hours							
Current License/Certificate Number(s),	Renewal License/	Required (	CE hours to r		enses and		Renewal Fees	Late Fees	
Type and Category(ies)	Certificate? (Circle Y or N)	Laws	Aerial	Other	Total CE Hours	C	Post-marked on or before 12/31	Post-marked after 12/31 (see page 2)	
	Y/N					-	\$		
	Y/N Y/N	-					\$ \$		
	Y/N	-				-	\$		
		Laws	Aerial	Other	Total CE Hours	(1	Total Due		
Enter the number of CE hours you have	completed								
Fees. ALL FEES ARE NON-TRANSFERA	ABLE AND NON-R	REFUNDA	BLE.						
Medical Certificate Card. Manned Appren	tice and Journeym	an Pilots r	must sub	mit a cop	y.				
Vector Control Technician certification	<i>(Category B)</i> . Unn	nanned Ve	ector Cor	itrol Tech	nician Pilo	ts m	nust submit a cop	y.	
Email Contact. If email is your preferred m	ethod of contact, p	olease pro	vide your	email ac	dress belo	W.			
EMAIL ADDRESS									
I declare under penalty of perjury, under	laws of the State	of Califo	rnia, tha	t all sub	mitted info	orm	ation is true and	correct.	
SIGNATURE	DATE SIGNED								

STATE OF CALIFORNIA

## INDIVIDUAL LICENSE/CERTIFICATE RENEWAL APPLICATION INSTRUCTIONS

DPR-PML-141 (Rev. 07/18)

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95812.

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

Lice	ansa(s)/Cartificata(s) to be renew	ad Verify o	r liet all lican	se(s) and/or certificate(s) to be renev	ved	
-					vea.	
<u>Suk</u>	<ul> <li>Excess CE hours car</li> </ul>	PR-approve nnot be carr iinimum req	d courses and ied over to your incourted to will also wi	nd obtained during the valid period of rour next renewal period. urs for "Laws," and "Aerial," if required		
<u>If re</u>	certificate with the mo	censes or cost CE hours	s required.	ou only need to complete CE hours for no Record Renewal Summary or a single		
cert	dical Certificate Card (Manned Aprilificate card issued by the Federal April and Agricultural Code Section 11	viation Adn	nd Journey ninistration.	man Pilots Only). Submit a copy of DPR requires this information to dete	your valid rmine con	medical npliance wit
Dep	partment of Public Health Vector	<b>Control Te</b>	chnician ce	ertification (Category B-mosquito).	Unmanne	d Vector
Fee A la	es. All fees are non-transferable at the penalty fee of fifty percent (50%) are December 31.	o submit a ound non-ref	copy of their fundable. Fe ewal fee will	ees must be paid for each renewed li be assessed for each license and/or	cense and	or certifica
Fee A la afte	ntrol Technician pilots are required to the second section of the second	o submit a on the submit a on the renewal of the renewal cense Re	copy of their indable. Feewal fee will newal (2 Ye	certification.  ees must be paid for each renewed lie be assessed for each license and/or  ear) and Late Penalty Fees	cense and certificate	/or certifica postmark
Fee A la afte	es. All fees are non-transferable and the penalty fee of fifty percent (50%) or December 31.	o submit a cand non-ref of the rene icense Re	copy of their undable. Fewal fee will newal (2 Ye Late Fee	certification.  ees must be paid for each renewed lie be assessed for each license and/or ear) and Late Penalty Fees  License Type	cense and certificate	/or certifica postmark Late Fee
Fee A la afte	es. All fees are non-transferable and the penalty fee of fifty percent (50%) or December 31.  License Type  Agricultural Pest Control Adviser	o submit a control of the rene license Re   Fee   \$140.00	copy of their undable. Fewal fee will newal (2 Ye Late Fee \$70.00	certification.  ees must be paid for each renewed lie be assessed for each license and/or  ear) and Late Penalty Fees  License Type  Qualified Applicator Certificate	cense and certificate  Fee \$60.00	/or certifica postmark Late Fee \$30.00
Fee A la afte	es. All fees are non-transferable and the penalty fee of fifty percent (50%) or December 31.	o submit a cand non-ref of the rene icense Re	copy of their undable. Fewal fee will newal (2 Ye Late Fee	certification.  ees must be paid for each renewed lie be assessed for each license and/or ear) and Late Penalty Fees  License Type	cense and certificate	/or certifica

**Questions?** Your name and license/certificate number will be posted to DPR's Web site as soon as your application is approved and logged into the database. Our Web site address is <a href="http://www.cdpr.ca.gov/docs/license/currlic.htm">http://www.cdpr.ca.gov/docs/license/currlic.htm</a>. 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

### CONTINUING EDUCATION RECORD RENEWAL SUMMARY

DPR-PML-123 (Rev. 7/18)

INSTRUCTIONS

DEPARTMENT OF PESTICIDE REGULATION PEST MANAGEMENT AND LICENSING BRANCH LICENSING AND CERTIFICATION PROGRAM P.O. BOX 4015

> SACRAMENTO, CA 95812-4015 (916) 445-4038 E-Mail: LicenseMail@cdpr.ca.gov

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

### 1. For each approved course completed, enter the following: title; DPR course I.D. number; location; date(s) attended; and hours completed. In the boxes located in the bottom right-hand corner, enter the total number of continuing education (CE) hours you have completed for the current renewal period. If you are using a document other than this form as proof of your CE hours, you must provide the same information. Your CE record summary must be returned with your renewal application. If the information on this form or the document you submit is incomplete, the processing of your renewal will be delayed.

2. Do not submit application and fee unless all required CE hours have been completed. If you fail to complete the required minimum CE hours by December 31 of your expiration year, you will be required to re-examine in laws and regulations, as well as all categories you held. A person who violates California's pesticide laws and regulations including making a false or fraudulent statement, record, report, or use any fraud or misrepresentation with meeting any license requirement is subject to penalties up to \$5,000 per violation; this includes falsifying a CE record.

CE HOURS COMPLETED -aws and Regulations (L) Aerial Application and **Techniques (A)** Total Hours (T) APPLICANT NAME CERTIFICATE/LICENSE TYPE CERTIFICATE/LICENSE NUMBER Other (O) CONTINUING EDUCATION COURSE INFORMATION COURSE TITLE DPR COURSE ID NUMBER (L) (A) (O) (T) DATE(S) ATTENDED LOCATION (City and State) COURSE TITLE DPR COURSE ID NUMBER (L) (A) (O) (T) LOCATION (City and State) DATE(S) ATTENDED COURSE TITLE DPR COURSE ID NUMBER (L) (A) (O) (T) LOCATION (City and State) DATE(S) ATTENDED COURSE TITLE DPR COURSE ID NUMBER (L) (A) (O) (T) LOCATION (City and State) DATE(S) ATTENDED COURSE TITLE DPR COURSE ID NUMBER (L) (A) (O) (T) LOCATION (City and State) DATE(S) ATTENDED COURSE TITLE DPR COURSE ID NUMBER (L) (A) (O) (T) DATE(S) ATTENDED LOCATION (City and State) COURSE TITLE DPR COURSE ID NUMBER (L) (A) (O) (T) DATE(S) ATTENDED LOCATION (City and State) **TOTAL CE HOURS** 

# **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:			Home/C	ell Phone:								
B. EMPLOYER/	BUSINESS INFORM	MATION										
Employer/Business	s Name:		Business									
C. TYPE OF EM	Address IPLOYER/BUSINES	<b>S</b> (Please check the appro	opriate boxes)	City	St	tate Zip Code						
Currently in	active in pest control wor	k.										
Work for gov	vernmental agency.											
City		County	State	Feder	al							
Work for spe	ecial government district.											
Irrig	ation District	School District	Mosquito Abatem	ent 🔲 Othe	r:							
Work for a c	company that does its ow	n pest control and does no	ot offer its pest control ser	vices for hire to other pe	ersons.							
Work for or	own a Pest Control Busin	ness (check applicable on	es):									
Mai	ntenance Gardener Pest	Control Business Pest	Pest Cont	rol Business (for hire) -	Aerial							
Con	trol Business (for hire) -	Ground	Manufact	uring/Distributing Chem	ical Company							
Farr	m Labor Company		Pesticide	Pesticide Dealer Business								
Oth	ner:											
Independen	t Agricultural Pest Contro	ol Adviser										
D. CLASSIFICA	TION OF PESTICID	ES										
Please indicate the	e classification of pestion	cide(s) you may recomm	end, sell or supervise the	e use of, by checking t	he appropriate box(e	s) below.						
Fed	eral Restricted Use Pest	icides	General U	Jse Pesticides								
Cali	fornia Restricted Materia	ıls	Not involv	red with application or s	upervising the use of p	pesticides						
E. COUNTY RE	GISTRATION INFO	RMATION										
Please indicate the	e 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

DPR-105-A (Rev. 7/20)

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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.

accepted.

Failure to complete all sections of this form will result in your application and payment being delayed or rejected.

Cardholder Informati	on.																		
Name (as it appears on the card)												Telephone Number (							
Card Information. (Visa and Mastercard only. No other cards are accepted)																			
Card Type (check one):		Vis	a	Mastercard															
Card Number (16 digits):																			
Expiration Date:			1					Bil	ling ZI	P Cod	e:								
Total Amount of Payment: \$																			
Signature of Cardhol	der																		I
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.												the							
1) Licensee Name  4) Licensee Name																			
License Number (if applicable	e):							Lic	ense N	umber	(if applie	cable):							
2) Licensee Name																			
License Number (if applicable	e):							Lic	ense N	umber	(if applie	cable):							
3) Licensee Name 6) Licensee Name																			
License Number (if applicable	e):							License Number (if applicable):											
(Department Use Only) – Entered on	POS by:			ı	Date Ente	ered:		Da	ate Mailed	l:		Mail	ed By:						
Notes:																			