

**The mailing address you indicate on this application is your address of record for your license/certificate. Therefore it is public information. You may wish to use a post office box in lieu of the physical address as an address of record.**

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

- NEW APPLICATION - FIRST TIME APPLICATION  REEXAMINATION - FAIL OR NO SHOW ON PREVIOUS EXAMS
- ADDING PEST CONTROL CATEGORY(IES)  OTHER - Specify \_\_\_\_\_

**B. Applicant Information.** Please print or type.

NAME (Last)	(First)	(Middle Initial)	QAC NUMBER/EXAM ID NUMBER	HOME TELEPHONE NUMBER ( )
MAILING ADDRESS (Number and Street)				WORK TELEPHONE NUMBER ( )
(City)	(County)	(State)	(ZIP Code)	CELL TELEPHONE NUMBER ( )
CURRENT EMPLOYER (Check only one box) <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Pest Control Business <input type="checkbox"/> Maintenance Gardener <input type="checkbox"/> Private Business <input type="checkbox"/> Other				EMAIL ADDRESS
EMPLOYER NAME AND MAILING ADDRESS (If Applicable) (Name, Number and Street, City, State, Zip Code)				

**C. Laws, Regulations and Basic Principles Examination.** Exemption. See instructions on reverse.

- EXEMPT - Check this box and enter the number from your current license or certificate if you are exempt from this examination.

PEST CONTROL ADVISER LICENSE NUMBER	QUALIFIED APPLICATOR LICENSE NUMBER	JOURNEYMAN PILOT CERTIFICATE NUMBER	APPRENTICE PILOT CERTIFICATE NUMBER
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**D. Examinations.** Indicate the examination(s) you want to take by checking the appropriate boxes. All new applicants must take the laws, regulations and basic principles examination in addition to one or more category/subcategory examinations, except for applicants seeking only subcategory Q certification. See instructions on reverse.

- |   |  |
|---|--|
| <input type="checkbox"/> (R) Laws, Regulations and Basic Principles <b>\$50</b><br>REQUIRED FOR ALL NEW APPLICANTS, EXCEPT SUBCATEGORY Q ONLY APPLICANTS. | <input type="checkbox"/> (I) Animal Agriculture <b>\$50</b>  |
| <input type="checkbox"/> (A) Residential, Industrial, and Institutional <b>\$50</b>   | <input type="checkbox"/> (J) Demonstration and Research <b>\$50</b>  |
| <input type="checkbox"/> (B) Landscape Maintenance <b>\$50</b>  | <input type="checkbox"/> (K) Health Related <b>\$50</b>  |
| <input type="checkbox"/> (C) Right-of-Way <b>\$50</b>   | <input type="checkbox"/> (L) Wood Preservation <b>\$50</b>   |
| <input type="checkbox"/> (D) Plant Agriculture <b>\$50</b>  | <input type="checkbox"/> (M) Antifouling-Tributyltin <b>\$50</b>   |
| <input type="checkbox"/> (E) Forest <b>\$50</b>   | <input type="checkbox"/> (N) Sewer Line Root Control <b>\$50</b>   |
| <input type="checkbox"/> (F) Aquatic <b>\$50</b>  | <input type="checkbox"/> (O) Field Fumigation <b>\$50</b>  |
| <input type="checkbox"/> (G) Regulatory <b>\$50</b>   | <input type="checkbox"/> (P) Microbial <b>\$50</b>   |
| <input type="checkbox"/> (H) Seed Treatment <b>\$50</b>   | <input type="checkbox"/> (Q) Maintenance Gardener <input type="checkbox"/> English <b>\$50</b><br><input type="checkbox"/> Spanish <b>\$50</b> |

**E. Examination Schedule.** To complete this section, see attached Examination Schedule for the month, date, and location.

EXAMINATION MONTH	EXAMINATION SITE LOCATION
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**F. Reasonable Accommodation.**

- Check if you need reasonable accommodation to take a written exam.

**G. Fees. All fees are non-transferable and non-refundable.**

	Amount	X	# of Exams	=	Total Amount
New Applicant Fee (First Time Applicant Only)	\$40		---		\$ _____
Examination Fee (New, Adding, or Reexamination)	\$50		_____		\$ _____
<b>Total Fees Due/Enclosed</b>					\$ _____

**H. 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 or in which any disciplinary action is pending?

- YES (State explanation below or attach separate page.)  NO

**I. 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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FOR OFFICIAL USE ONLY	PROBLEM	COMPUTER ENTRY DATE
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**Instructions on reverse**

## QUALIFIED APPLICATOR CERTIFICATE APPLICATION INSTRUCTIONS

PR-PML-001A (REV. 01/10)

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

- New Application:** If you:
  - ✓ Are applying for a Qualified Applicator Certificate for the first time.
  - ✓ Failed to obtain your certificate within 12 months from the first date you scheduled your examination.
  - ✓ Failed to meet the renewal requirements by the expiration of your certificate.
- Add Pest Control Category(ies):** Requesting to take pest control category examinations not yet taken. If passed, the category(ies) will be added to your existing certificate.
- Reexamination:** Scheduling an examination on which you failed to obtain a passing score or failed to appear for a previously-scheduled examination.
- Other:** Any other change, please specify the change.

B. **Applicant Information:** Enter your name, Qualified Applicator Certificate or Exam Identification Number if applicable, address, email address, home, work, and cell telephone numbers, employment type, and current employer (if applicable).

C. **Laws, Regulations and Basic Principles Examination.** Exemption. If you have passed the Laws, Regulations and Basic Principles Exam within one (1) year or have a current Pest Control Adviser License, Qualified Applicator License, Journeyman Pilot Certificate or Apprentice Pilot Certificate, check the "Exempt" box. To qualify for this exemption, you must enter the number from your current license or certificate.

D. **Examinations.** Indicate the examinations you want to take by checking the appropriate boxes. In addition to the Laws, Regulations and Basic Principles Examination, each new applicant must successfully pass at least one of the pest control categories (A-P) before a Qualified Applicator Certificate is issued. Applicants seeking certification only in Subcategory P do not need to take the Laws, Regulations and Basic Principles Examination. A maximum of four (4) examinations may be scheduled per location (testing may occur at only one location per month). See Qualified Applicator Certificate category descriptions and suggested study material source list in the Qualified Applicator Certificate Packet at <[www.cdpr.ca.gov/docs/license/app\\_packets/qac.pdf](http://www.cdpr.ca.gov/docs/license/app_packets/qac.pdf)> for examination information.

E. **Examination Schedule.** Indicate the exam month and location in the appropriate boxes. This information may be obtained from the Exam Schedule provided with the General Information Packet or from DPR's web site at <[www.cdpr.ca.gov](http://www.cdpr.ca.gov)>. The exam schedule gives the location, schedule, and final filing dates. If you are requesting to take the examination(s) at a specific location and date, your application must be *postmarked* by the final filing date for that location.

F. **Reasonable Accommodation.** Reasonable Accommodation will be provided to applicants who need assistance to take a written exam. If you check "Yes", you will be contacted via telephone or mail to make specific testing arrangements.

G. **Fees. All fees are non-transferable and non-refundable.**

New Applicant Fee: \$40

Examination Fee: \$50

A new applicant fee is only required if you meet the criteria for a "New Application" as stated above in Section A, Application Type.

An examination fee of \$50 is required for each examination (including Laws, Regulations and Basic Principles) you are requesting to schedule.

H. **Read Before Signing.** Check appropriate box.

I. **Declaration/Signature Block.** Sign and date your application. Enclose a check, money order or credit card payable to "Cashier, DPR" and mail to: Cashier, Department of Pesticide Regulation, P.O. Box 4015, Sacramento, California 95812-4015.

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

## VISA / MASTERCARD TRANSACTION



### **INSTRUCTIONS:**

1. For conducting transactions using VISA or MasterCard only. No other cards are accepted.
2. Complete **ALL** cardholder information.
3. If you have any questions, please call the Licensing and Certification Program at (916) 445-4038.
4. Mail your completed application with this form to the appropriate address below:

Licensees:

Continuing Education Sponsors:

ATTN: Cashier  
 Department of Pesticide Regulation  
 P.O. Box 4015  
 Sacramento, CA 95812-4015

Cashier  
 ATTN: CE  
 Department of Pesticide Regulation  
 P.O. Box 4015  
 Sacramento, CA 95812-4015

5. **DO NOT FAX** this form to DPR

NAME OF CARDHOLDER (NAME APPEARING ON THE BANK CARD)											CHECK ONE <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard		TODAY'S DATE	
BANK CARD NUMBER (16 DIGITS)											BANK CARD EXPIRATION DATE		TOTAL AMOUNT OF PAYMENT \$ .	
													TELEPHONE NUMBER (    )	

SIGNATURE OF CARDHOLDER (NAME APPEARING ON THE BANK CARD)

FOR PAYMENT OF:

NAME OF LICENSEE OR SPONSOR

MAILING ADDRESS (Street or P.O. Box Number)

(City, State, and ZIP Code)

(DEPARTMENT USE ONLY) - ENTERED ON POS BY:	TODAY'S DATE	DATE MAILED	BY
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