STATE OF CALIFORNIA

PRIVATE APPLICATOR CERTIFICATE APPLICATION

PR-PML-045 (REV. 12/04)

DEPARTMENT OF PESTICIDE REGULATION
PEST MANAGEMENT AND LICENSING BRANCH
LICENSING AND CERTIFICATION PROGRAM
1001 I STREET
SACRAMENTO, CALIFORNIA 95814-2828
(916) 445-4038
FAX - (916) 445-4033
Web site: http://www.cdpr.ca.gov

☐ SOLICITANTE NUEVO NEW APPLICANT

☐ RENOVACIÓN (PAC - NUMERO) RENEWAL (Private Applicator Certificate Number) _____

***NOTE:* If you have any questions concerning this application, please contact your local county agricultural commissioner's office for assistance.**

A. Applicant Information. RELATIONSHIP TO AGRICULTURAL PRODUCTION OPERATION OR HOUSEHOLDER'S PROPERTY (Check appropriate box) RELACIÓN CON EL OPERADOR/ NEGOCIO (MARQUE LA CASILLA ADECUADA)

☐ PROPERTY OWNER/OPERATOR PROPIERTARIO/OPERADOR

☐ *AUTHORIZED REPRESENTATIVE *REPRESENTANTE AUTORIZADO *(Attach letter from property owner/operator)*

☐ EMPLOYEE EMPLEADO

OPERATOR OR BUSINESS NAME OPERADOR O NOMBRE DEL NEGOCIO

WORK TELEPHONE NUMBER TELÉFONO DEL TRABOJO

APPLICANT NAME (*Last*) APELLIDO DE SOLICITANTE | (*First*) NOMBRE | (*Middle Initial*) INICIAL DEL SEGUNDO NOMBRE

HOME TELEPHONE NUMBER TELÉFONO MÓVIL

APPLICANT MAILING ADDRESS (*Number and Street*) DIRECCIÓN (CALLE) | (*City*) CIUDAD

(*County*) CONDADO | (*State*) ESTADO | (*ZIP Code*) CODIGO POSTAL / Z.P.

B. Continuing Education Information. Each course must be a minimum of one hour in length. Attach the certificate of completion or other approved documentation as proof of attendance for each course. INFORMACIÓN DE EDUCACIÓN CONTINUA - ADJUNTE DOCUMENTACIÓN

COURSE/SEMINAR/CONFERENCE TITLE(S) TÍTULO DEL CURSO	I.D. CODE NUMBER NUMERO DE CURSO	DATE(S) ATTENDED FECHA(S) DE ASISTENCIA	TOTAL HOURS HORAS TOTAL	
			Laws and Regulations LEYES Y REGULACIONES	Other OTRO

☐ DENIAL (Reason) DENEGADA (RAZON)

Declaro bajo pena de perjurio en conformidad con las leyes del estado de California,que toda la información arriba es verídica y correcta.

C. I declare under penalty of perjury, under the laws of the State of California, that the above information is true and correct.

APPLICANT SIGNATURE FIRMA | DATE SIGNED/CERTIFIED FECHA

FOR OFFICIAL	CERTIFICATE NUMBER	CERTIFICATE ISSUANCE DATE	CERTIFICATE EXPIRATION DATE
	PA -		DEC. 31,
CERTIFICATE ISSUED BY		TITLE	CAC TELEPHONE NUMBER

USO DE OFICINA

Passed Recertification Examination ☐ Yes ☐ No Score _____%

*An *AUTHORIZED REPRESENTATIVE* is defined as: a person designated, in writing by the operator of the property, to represent the operator of the property in obtaining a restricted material permit.

** The *CERTIFICATE NUMBER* format is PA - county code - 5 digit number.