All persons applying to take the license exam must submit an FBI criminal background check with your application. Here is the procedure.

A) Direct through FBI

- 1) Go to local law enforcement/ sheriff's office. and request a paper Fingerprint Card with your finger prints (There is a fee for finger printing.)
- 2) Open the hyper link; https://www.fbi.gov/services/cjis/identity-history-summary-checks *This is the FBI web site for requesting background report online.* Use OPTION 1. Once you have placed your requet and paid the fee the FBI issues you a confirmation letter (sent to your e-mail). Include your confirmation letter with your finger print card and mail to the FBI office address in Clarksburg, West Virginia.

Note: If you are unable to send your request electronically then skip to Step 5.

3) Submit **Finger Print Card** - You will receive a confirmation number from FBI. Place information into an envelope and mail to:

FBI CJIS Division

Attention: Electronic Summary Report

1000 Custer Hollow Rd. Clarksburg, WV 26306 Phone #: (304) 625 - 5590

- 4) In approximately 5-7 business days, the FBI will email you a copy of your background report. Go to Step 7
- 5) Submit:

Fingerprint Card (from Step 1)

\$18 money order (made out to **Treasurer of the United States**)

Cover letter with - Full Legal Name, Current Address, Phone #, & reason for request mail to:

FBI Records Request

1000 Custer Hollow Rd.

Clarksburg, WV 26306

Phone #: (304) 625 - 5590

- 6) In approximately 2-6 weeks, you should receive your FBI background report in the mail.
- 7) Mail completed license exam application and FBI background check to address on page 1 of the application.

B) Third party FBI background providers

- 1) Print Scan FBI Background Check (www.printscan.com)
 - a) No Client Abbreviation
 - b) No Apostille Needed
- 2) Field Print FBI Criminal RecordHistory Report (www.fieldprintusa.com)

Mail completed license exam application and FBI background check to address on page 1 of the application.

**** FBI background check must be dated within 6 months of receipt of your 9-page license application by our office. ****



NORTH CAROLINA DEPARTMENT OF AGRICULTURE & CONSUMER SERVICES/ STRUCTURAL PEST CONTROL & PESTICIDES DIVISION

1090 MAIL SERVICE CENTER RALEIGH, N.C. 27699-1090





(INCOMPLETE APPLICATIONS WILL BE REJECTED)

scribed and	sworn	ı befo	re me	on this		day	,			
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FORM 2308

	Sec	tion Two:	Credentia	al Information	on			
ı. Valid Up-To-Date Cert	ified Applicators (Card Number	and phase	(s):		Expiration date	:	
Obtained by Reciproc	•		YES	NO				
lote: If you do not have a valid	up-to-date Certification	n Card in the ph	iase(s) you ar	e applying for, you	u are not	eligible to apply for	the license exam))
2. Have you ever held a		equivalent cre	edential fro	m any other s	state?	YES	☐ NO	
• If yes, complete the	e following:							
Type(s) or Phase(s)	How CA Card	Ohtained	Tesuino	Agency and	Da	te(s) Issued	Expiration	1
of Cards Held	(Exam, Recipr			State	Da	te(3) 133ueu	Date(s)	
2 Have you are had a	uplid Nowth Carrell	no Churchin	L Doot Court		VEC		<u> </u>	
Have you ever held a vIf yes, complete the		na Structura	i Pest Cont	roi License?	YES	ľ	NO	
o ir yes, complete the	, ronowing.							
Licen	se # & Phase(s):							
	Expiration Date:							
1 Have you aver held s	valid atmostume	l noot contro	l licence o		aua d a m	tial from any	othou ototo?	
A. Have you ever held a		mplete the		or equivalent	creden	uai irom any c	other state?	
	ense # & Phase(s			Issuing	State:			
	Date Issue			Expiration				
				S. J. J.				
5. Have you ever had a revoked by any state		control licen 7 YES			-	a) card, or equi ete the following	-	nded
				· ·		Agency that S		r
Type of License/CA	-	ended or		of Suspension	n or	Revoked Cr		
Suspended or Revol	ked rev	voked		Revocation		Sta	ate	
8. Have you ever been ch				tructural Pest (e following		Laws of any stat	te?	
Nature of Charge(s)	Date(s) Charge(s		cation (Cit	y, State)		Disposition of	Case(s)	
								\dashv
								\dashv

Section Three: Employment Information

9. Are you	currently Em	ploye	d? YES N	O Are	you curr	ently self	-employe	d? YES NO
employer license n company	and location umber and the Also include	n for when standard	which you have wor te(s) in which a str	rked in t uctural <mark>ave had</mark>	the field o control li loutside s	of structui cense wa: <mark>structural</mark>	ral pest co s held whi pest con	ten years. Include each ontrol along with his/her ile working for that trol during the ten-year your application.
Employer:						(Employed	From)	(Employed To)
Business Address:	(Street or PC	Box)				(E		(Campio) Carro
(City)			(State)		(Zip Cod	le)		(County)
(Telephone Nu	ımber)	(Lice	nsee Name)				(Licensee	Number)
(Job Title and	Description)							
Employer:								
Business Address:	(6) 1 00					(Employed	d From)	(Employed To)
	(Street or PC				(=,			(2)
(Citv)			State)		(Zip Code))		(County)
(Telephone Nu		(Lice	nsee Name)				(Licensee	Number)
(Job Title and	Description)							
Employer:						(Employed	d From)	(Employed To)
Business Address:	(Street or PO	Box)			1			
(City)			(State)		(Zip Code	2)		(County)
Telephone Nur	nber)	(Licen	see Name)				(Licensee N	Number)
[Job Title and D	escription)							
Employers								
Employer: Business						(Employed	d From)	(Employed To)
Address:	(Street or PC	Box)						
(Citv)		(S	tate)	(Zip Code)		((County)
(Telephone Nu	ımber)	(Licen	isee Name)				(Licensee	Number)

FORM 2308 3

(Job Title and Description)

Section Four: Education Information

Institution Name: Location: (City, State) Major/Degree/Trade: Institution Name: Location: (City, State) Year Graduated: Location: (City, State) Year Studied: Location: (City, State) Year Graduated: If you desire your university and/or technical training in structural pest control or related fields to be considered ence of your qualifications, submit with this application a certified record of such training/college transcripts. Other formal training or qualifying experiences related to structural pest control (List type of training, source of training and date(s) of training):	. High School/GED [Diploma: YES	NO	
Institution Name: Location: Major/Degree/Trade: Institution Name: Location: (City, State) Years Graduated: Institution Name: Location: (City, State) Year Graduated: Institution Name: Location: (City, State) Year Graduated: If you desire your university and/or technical training in structural pest control or related fields to be considered and of your qualifications, submit with this application a certified record of such training/college transcripts. Other formal training or qualifying experiences related to structural pest control (List type of training, source of training and date(s) of training): 3. Prior Military Service: Branch of Service: Mos: ETS Date:				
Institution Name: Location: Major/Degree/Trade: Institution Name: Location: (City, State) Year Graduated: Institution Name: Location: (City, State) Major/Degree/Trade: Year Graduated: (City, State) Year Graduated: Year Graduated: Year Graduated: If you desire your university and/or technical training in structural pest control or related fields to be considered and the control of your qualifications, submit with this application a certified record of such training/college transcripts. Other formal training or qualifying experiences related to structural pest control (List type of training, source of training and date(s) of training): Branch of Service: MOS: ETS Date:	Location:	(City, State)		
Institution Name: Location: (City, State) Major/Degree/Trade: Institution Name: Location: (City, State) Year Studied: Year Studied: (City, State) Year Graduated: (City, State) Year Graduated: (City, State) Year Graduated: (City, State) Other formal training or qualifying experiences related to structural pest control (List type of training, source of training and date(s) of training): Definition Name: Year Graduated: From Year Graduated: Institution Name: Year Graduated: Year Graduated: Year Graduated: Year Graduated: Institution Name: Year Graduated: Year Graduated: Year Graduated: Institution Name: Year Graduated: Year Graduated: Year Graduated: Institution Name: Year Graduated: Institution Name: Year Graduated: Year Graduated: Year Graduated: Year Graduated: Institution Name: Year Graduated: Year Graduated: Year Graduated: Year Graduated: Institution Name: Year Graduated: Year Graduated:	College or Technica	l/Vocational School:	YES NO	
Major/Degree/Trade: Institution Name: Location: (City, State) Year Studied: Location: (City, State) Year Graduated: Year Graduated: Year Graduated: If you desire your university and/or technical training in structural pest control or related fields to be considered ence of your qualifications, submit with this application a certified record of such training/college transcripts. Other formal training or qualifying experiences related to structural pest control (List type of training, source of training and date(s) of training): 3. Prior Military Service: Branch of Service: MOS: ETS Date:	Institution Name:			
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Major/Degree/Trade: Year Graduated: Year Graduated: Year Graduated:	Institution Name:			
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Branch of Service: MOS: ETS Date:				
Branch of Service: MOS: ETS Date:				
Service: MOS: Date:	3. Prior Military Service	:		
Duties/Training:			MOS:	ETS
	/			Date:
	Duties/Training:			Date:

Section Five: Qualification Information

If yes, complete the following: Amount of experience in the control of household pests? Amount of experience in the control of wood-destroying organisms? Amount of experience in fumigations? Submit affidavit(s) from current/former employer(s) for which you have worked for at least two years as a service employee in each of the phases of structural pest control in which you wish to be examined (see page 9 affidavit form). You cannot fill out your own affidavit. 6. Are you making application for examination based on having two-years practical experience as an owneroperator in the control of household pests, and/or the control of wood-destroying organisms, and/or fumigations YES NO If yes, complete the following: Amount of experience in the control of household pests? Amount of experience in the control of wood-destroying organisms? Years Amount of experience in the control of wood-destroying organisms? Years Amount of experience in fumigations? For self-employed applicants, in lieu of the employer's affidavit, please attach at least 6 notarized letters from sustomers you have serviced. Letters should indicate you have a minimum of 2 years' practical experience in each of the phases of structural pest control in which you wish to be examined. 6 notarized letters are required for each phase you wish to be examined. 7. Have you ever been convicted of a felony? YES NO 9. Have you ever been arrested or convicted otherwise? (Do not include minor traffic violations) YES NO If you answer yes to these questions, list all arrest and/or convictions below. Failure to identify arrest completely and accurately and/or convictions may result in the rejection of your application. Charge Date of Arrest City, State Disposition	Amount of experien Amount of experien t(s) from current/form the of the phases of st nnot fill out your king application for exa the control of housel YES NO If yes, complete the f	ce in the co ce in the co ce in fumiga ner employer ructural pest own affida amination ban nold pests, an	ntrol of wood-destroying ations? (s) for which you have wo control in which you wish wit. sed on having two-years	rked for at least tw to be examined (s	Years Years yo years as a service see page 9 affidavit ence as an owner-
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Amount of experience in fumigations? ubmit affidavit(s) from current/former employer(s) for which you have worked for at least two years as a service mployee in each of the phases of structural pest control in which you wish to be examined (see page 9 affidavit prop.) You cannot fill out your own affidavit. Are you making application for examination based on having two-years practical experience as an owner-operator in the control of household pests, and/or the control of wood-destroying organisms, and/or fumigations YES NO If yes, complete the following: Amount of experience in the control of household pests? Amount of experience in fumigations? Years Amount of experience in fumigations? Years Or self-employed applicants, in lieu of the employer's affidavit, please attach at least 6 notarized letters from instomers you have serviced. Letters should indicate you have a minimum of 2 years' practical experience in each of the phases of structural pest control in which you wish to be examined. 6 notarized letters are required for each phase you wish to be examined. Have you ever been convicted of a felony? YES NO If you answer yes to these questions, list all arrest and/or convictions below. Failure to identify arrest completely and accurately and/or convictions may result in the rejection of your application.	t(s) from current/form sch of the phases of st nnot fill out your king application for exe the control of housel YES NO If yes, complete the f	ner employer ructural pest own affida amination ban nold pests, an	(s) for which you have wo control in which you wish vit. sed on having two-years	to be examined (s	vo years as a service see page 9 affidavit ence as an owner-
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completely and accurately and/or convictions may result in the rejection of your application. Charge Disposition	ver been arrested or o vithin five years of the to or forfeited bond t	convicted oth date of this o a charge in	erwise? (Do not include mapplication been convicted volving moral turpitude?	d of or entered a pl	lea of guilty or a plea o O
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Section Six: New Company Information

If starting a new company or an officer of the company, please fill this section out. If becoming a licensee in the inactive state or if you will be working for an established company, you do not need to fill this section out.

20. Name of company and location you will operate from in this state, should you secure a North Carolina Structural Pest Control License?

Company Name:			(Date Company Organized)
Business Address: (Street or F	PO Box)		
(City)	(State)	(Zip Code)	(County)
(Telephone Number)	YES NO (Incorporated) (Cour	nty, State Company is registered	in)
(List Company Officers an	d Position held)		

Section Seven: Character References

21. I, the undersigned citizen, hereby Certify to the good moral character and temperate habits of this applicant. References must be from reputable citizens who are not related to the applicant by either consanguinity or affinity. Signatures must be authentic and made by the individual so named:

Name	Signature	Occupation	Phone number
	(Original Inked Signature)		
	(Original Inked Signature)		
	(Original Inked Signature)		

Section Eight: License Phase Specific Experience



When detailing your experience with each pest, specify the exact duration of hands-on work for that pest in months or years, rather than your overall time in the industry. For each listed insect, itemize your practical experience separately, focusing solely on direct pest management activities. Example: If you've worked in the industry for 3 years and handled cockroach control daily, that counts as 3 years of experience. For seasonal pests like fleas, managed every summer for 3 months, multiply by your years in the industry to get your total experience (e.g., 3 summers = 9 months of experience).

22. If you are applying to take the examination for the Control of Household Pests complete the following:

Name of Pests:	Months/Years Experience in Controlling:	Pesticides Currently Used on This Pest (Use Brand Names Only):
Ants		
American Roaches		
Bed Bugs		
Brown-Banded Roaches		
Clothes Moths		
Fleas		
German Roaches		
House Flies		
Rodents		
Millipedes/Centipedes		
Sawtooth Grain Beetles		
Silverfish		
Wasps/Bees		

23. If you are applying to take the examination for the **CONTROL OF WOOD-DESTROYING ORGANISMS** complete the following:

Name of Pests:	Months/Years Experience in Controlling:	Pesticides Currently Used on This Pest (Use Brand Names Only):
Carpenter Ants		
Carpenter Bees		
Dry Wood Termites		
Old House Borers		
Powder Post Beetles		
Subterranean Termites		
Wood-Decay-Fungi		

24. If you are applying to take the examination for **Fumigation**, complete the following:

	Fumigations	Type of	<u>Performe</u>	d the Followi	ng Actions:
Fumigant:	nigant: Using: Ma		Tarp/ Tape & Seal	Dispensed fumigant:	Monitored/ Cleared Structure
Chloropicrin					
Methyl Bromide					
Sulfuryl Fluoride					
Aluminum Phosphide					

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License Application Law/Rules & Regulations

2NCAC 34.0302 (10) The applicant shall furnish such information as the Committee may require to establish that said applicant possesses qualifications as specified in G.S. 106-65.26 of the Act for the license(s) which he seeks. The Committee, or its authorized representatives, may make such investigations as it deems necessary with respect to the applicant's qualifications.

§ 106-65.26. (c) Licensee. - The basic qualifications for a license shall be:

- (1) Qualify as a certified applicator for the phase or phases of structural pest control for which he is making application;
- (2) Two years as an employee or owner-operator in the field of structural pest control, control of wood-destroying organisms or fumigation, for which license is applied; or
- (3) One or more years' training in specialized pest control, control of wood-destroying organisms or fumigation under university or college supervision may be substituted for practical experience. Each year of such training may be substituted for one year of practical experience; provided, however, if applicant has had less than 12 months' practical experience, the Committee is authorized to determine whether said applicant has had sufficient experience to take the examination; or
- (4) A degree from a recognized college or university with training in entomology, sanitary or public health engineering, or related subjects; provided, however, if applicant has had less than 12 months' practical experience, the Committee is authorized to determine whether said applicant has had sufficient experience to take the examination.
- (d) All applicants for license must have practical experience and knowledge of practical and scientific facts underlying the practice of structural pest control, control of wood-destroying organisms, or fumigation. No applicant is entitled to take an examination for the issuance of a license pursuant to this Article who has within five years of the date of application been convicted, entered a plea of guilty or of nolo contendre, or forfeited bond in any State or federal court for a violation of G.S. 106-65.25(b), any felony, or any crime involving moral turpitude.

State of:					
County of:					
(Applicant's Name)	after	being duly swo	rn on his/h	er oath and says (that he/she
has read Sections One thro statements and answers co application which contains considered a properly comp registration requirements a	ntained therein a alse, misleading, pleted application	are true and con or incomplete n for examinati	rrect. App statemen	licant further ack ts and answers sh	nowledges that an
Applicant Signature:				(Sign in presence	e of Notary)
Subscribed and sworn before		da	у /		
of	_,20				
Notary Public			N	lotary Seal	
My Commission expires	/ /20				
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EMPLOYER'S AFFIDAVIT

(Note: This affidavit MUST be completed by the applicant's employer/licensee and signed in the presence of a Notary)

State of:										
County of:										
I hereby certif	fy that				was ir	n my en	nploy as	a		
and was enga	ged in the followin	g kin	d of work (Spec	cify exac	t duties _l	oerform	ed):			
Dates Emp (exact dat			• • •	ntrol of:	Dat (If			(From)) (To)	
Household			Yes No		Full Time				nber of jobs thly (approx.)	
Wood Dest	troying Organisn	ıs?	Yes No		Full Time Part Time		Averag	ge nun d mon	nber of jobs thly (approx.)	
Did employee	participate in Fum	igatio	on work?							
	Yes		Full Time		Averag	je num	ber of j	obs		
	No		Part Time		treated	d mont	hly (app	orox.)		
I hereby certif	y that the above in	form	ation is true and	d correct	t to the b	est of n	ny know	ledge.		
Employer's						Emplo Title:	yer's Jo	ob		
Business Address:	(Street or PO Box	x)								
(City)		(Si	tate)		(Zip Cod	de)		(County)	
(Contact Nur	mber) (Bu	usines	s Name)			(T	ype of Bu	siness)		
Employer Si	gnature:									
	and sworn before				day			Nota	ary Seal	
Notary Publ	ic				_					
My Commiss	sion expires	1								