

INSTRUCTIONS FOR COMPLETING THE LICENSE APPLICATION

APPLICANT INFORMATION

Complete all personal information for the applicant. Be sure to include the *Job Title*.

COMPANY INFORMATION

The company's name and address with which you are currently employed.

LICENSE INFORMATION

Check the appropriate box: New License, New Phase added to existing license, Transfer of License from one employer to another, or Replacement of lost license.

Check the box for the phase(s) to be included or added to the license.

EMPLOYEE INFORMATION

Indicate the number of employees who will perform structural pest control under your license. Do not include yourself or clerical staff.

RESIDENT AGENT INFORMATION

This section applies only to licensees that resides outside of North Carolina. The resident agent should be located at the home office location of the licensee in North Carolina.

FEES SUBMITTED

Fees required are listed on the front of the form. Be sure to indicate the amount paid and to include your check or other form of payment with the application. Applications received without payment will be returned. Mail applications with fees to:

NC Department of Agriculture
Structural Pest Control & Pesticide Division
1090 Mail Service Center
Raleigh, NC 27699-1090

INSURANCE INFORMATION

The license will not be issued without proof of insurance. It is always best to include the Certificate of Insurance with the license application. For applications other than new licenses, be sure your insurance information is current and accurate (e.g. not expired, issued in the name of company reflected on this application).

APPLICANT AND RESIDENT AGENT CERTIFICATION

All applicable individuals must sign the application. Unsigned applications will be returned.

NORTH CAROLINA DEPARTMENT OF AGRICULTURE & CONSUMER SERVICES
STRUCTURAL PEST CONTROL DIVISION, 1090 Mail Service Center, Raleigh, NC 27699
APPLICATION FOR STRUCTURAL PEST CONTROL LICENSE

(Type or Print in Ink)

APPLICANT INFORMATION										
Applicant's Name:				Personal Phone Number:			Social Security Number:			
Home Address:						Job Title:				
City		State	Zip	E-Mail Address						
COMPANY INFORMATION										
Company Name:						Telephone Number:				
Physical Address					Mailing address (if different from physical address)					
City		State	Zip	County		City		State	Zip	
LICENSE INFORMATION										
This application is for: (Check the applicable box. For transfers, indicate the last day of employment with previous employer):				<div style="display: flex; justify-content: space-between;"> <div> New License Add License Phase Replacement License Recertification by Exam </div> <div> Address Change Transfer License to New Employer (Effective date) _____ </div> </div>						
Check license phase(s) and card status for which application is being made (see instructions on back):				P (Household Pest) _____ Test Date W (Wood-Destroying Organism) _____ Test Date F (Fumigation) _____ Test Date					Select: Active Inactive	
EMPLOYEE INFORMATION										
Indicate the number of employees who will perform structural pest control under this license, not including you or clerical staff										
RESIDENT AGENT INFORMATION										
If you are not a resident of North Carolina you must designate a resident agent. The resident agent's address must be the same as the company address.										
Resident Agent's Name:							Telephone Number:			
Address:										
City			State		Zip		County			
FEES SUBMITTED										
Fees for a new license are:		Fee to add a new phase is:		Fee for a license transfer or replacement :		Enter total fee enclosed:				
One Phase: \$200.00		\$75.00 per phase		\$10.00						
Two Phases: \$275.00										
Three Phases: \$350.00										
INSURANCE INFORMATION										
A license cannot be issued without proof of insurance. Proof of insurance as required by NC GS 106-65-37 and 02 NCAC 34.0902 must include a pollution and contamination endorsement clause. Insurance certificates are accepted from the insurance company only.										
APPLICANT AND RESIDENT AGENT CERTIFICATION										
I hereby certify that the information given in this application is true and correct.										
Signature of License Applicant:							Date:			
Signature of Resident Agent (required if applicable):							Date:			