

Steve Troxler, Commissioner

APPLICATION FOR LICENSE/CERTIFICATE (NEW)

Expiration Date

CERTIFICATION TYPE: 030 PESTICIDE CONSULTANT

MAILTO: N.C. Department of Agriculture & CS
Structural Pest Control and Pesticides Div.
1090 Mail Service Center
Raleigh, NC 27699-1090

FORM #3

TO BE ADDED

PRINT YOUR NAME, ADDRESS AND YOUR EXAM SERIAL NUMBER IN THE SPACES BELOW.

NAME: COMPANY NAME: ADDRESS: CITY: ST: ZIP CODE PHONE: (Home) PHONE (Work) COUNTY:

EXAM SERIAL # _____

INSTRUCTIONS:

- * Since you have passed your pesticide exam, you are eligible to be licensed. You must retake any failed exams.

Application(s) should be returned to us along with a check or money order made payable to NCDA & CS to cover the license fee(s). The fee per license application is \$75.00. **PLEASE DO NOT SEND CASH.**

TOTAL AMOUNT DUE: \$75.00

Return this original application with fee to:

NCDA & CS, STRUCTURAL PEST CONTROL AND PESTICIDES DIVISION
1090 MAIL SERVICE CENTER
RALEIGH, NC 27699-1090

SIGNATURE REQUIRED

X _____

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