

APPLICATION FOR PRIVATE PESTICIDE CERTIFICATION

Expiration Date

CERTIFICATION TYPE: 038 PRIVATE PESTICIDE APPLICATOR  
TO BE ADDED

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

FILE NUMBER:

PLEASE PRINT AND ATTACH YOUR EXAMINATION SCORE TO THIS APPLICATION.

		<b>Exam Serial #</b>		
Applicator Name _____	<b>Farm Name:</b>			
Mail Address _____	<b>Physical Address:</b>			
City _____ ST. _____ ZIP _____	<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>	
	<b>Phone(Home)</b>		<b>(Farm)</b>	
	<b>County:</b>			

**INSTRUCTIONS:** The information that you provide will be used to prepare your certification card.

- Since you have passed your pesticide exam, you are eligible to be certified.
- Please examine your address above carefully and make any necessary changes.
- Provide your county and phone number. (Required)
- Provide the farm name and farm mailing address. (Required)
- **Sign on the line below after reading the attestation statement Signature Required.**
- Answer the questions below as thoroughly as possible.
- Application should be returned with a check or money order in the amount of \$6.00 made payable to NCDA&CS. **PLEASE DO NOT SEND CASH.**

For the farm location listed above do you serve as the: (Please mark in the appropriate box)					
Owner	<input type="radio"/>	Employee	<input type="radio"/>	Other (manager, family member, etc.)	<input type="radio"/>
<b>Crops Grown :</b> List crops grown (to which you apply pesticides) and approximate acreage of top three crops (in North Carolina):					
Crop: 1		Crop: 2		Crop: 3	
Acreage:		Acreage:		Acreage:	
Do you or your employer own or operate a farm, greenhouse, nursery, or timber production establishment in any other State?			Yes	No	
			<input type="radio"/>	<input type="radio"/>	
If yes which State(s):					
<b>Certification:</b> Have you ever been certified, or are you currently certified, in any other State?			Yes	No	
			<input type="radio"/>	<input type="radio"/>	
If yes which State(s):					
Do you or your employer provide housing to any employee(s) other than immediate family?			Yes	No	
			<input type="radio"/>	<input type="radio"/>	

Return this original application to:  
NCDA & CS, STRUCTURAL PEST CONTROL  
& PESTICIDES DIVISION  
1090 MAIL SERVICE CENTER  
RALEIGH, NC 27699-1090

**TOTAL AMOUNT DUE: \$6.00**

**ATTESTATION (PLEASE READ):**

By signing below, I hereby confirm that I am a producer of an agricultural commodity and that I understand my legal responsibilities for pesticide use in accordance with product labels and for direct supervision of all individuals making pesticide applications under my certification.

**SIGNATURE REQUIRED: X** \_\_\_\_\_