

NORTH CAROLINA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES

FORM#8

STEVE TROXLER, COMMISSIONER
APPLICATION FOR LICENSE/CERTIFICATE RENEWAL

2014

038	Type: 038 PRIVATE PESTICIDE APPLICATOR TO BE ADDED	12/31/2014 Expiration Date
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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 print and attach your examination score to this application.**
- Provide your county and phone number(Required)
- Provide the farm name and farm mailing address.(Required)
- Sign on the line at the bottom of the page after reading the attestation statement.(Required)
- Answer the questions below as thoroughly as possible
- Application should be returned with a check or money order in the amount of \$10.00 made payable to NCDA&CS. **PLEASE DO NOT SEND CASH.**

Mail To:

**NCDA&CS - Structural Pest Control & Pesticides
Division
Licensing Unit
1090 Mail Service Center
Raleigh, NC 27699-1090
Phone: (919) 733-3556**

Exam Serial Number(s)(used to look up your score) :

Applicator				Farm Name:			
Mail Address				Physical Address:			
City	State	Zip Code		City:	State:	Zip Code:	
				Home Phone:			
				Farm Phone			
Social Security #	-	-		County:			

For the Farm listed above do you serve as the: (please mark in the appropriate box)

Owner	<input type="checkbox"/>	Employee	<input type="checkbox"/>	Other (manager, family member, etc.)	<input type="checkbox"/>
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Crops Grown: List crops grown(to which you apply pesticides) and the approximate acreage of the top three crops(in NC)

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	<input type="checkbox"/>	No	<input type="checkbox"/>
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If yes, which other state(s)?:

Certification: Have you ever been certified, or are you currently certified, in any other state?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If yes, which other state(s)?:

Do you or your employer provide housing to any employee(s) other than immediate family?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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ATTESTATION (Please Read & Sign Below):

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

Fee: \$10.00

X

APPLICANT'S SIGNATURE

For training opportunities, contact your local Cooperative Extension or visit our website: www.ncagr.gov/pesticide