

**Application for Renewal of North Carolina Sleep Products Sanitizer's License**  
**Public Health Pest Management Section, Sleep Products Program**  
 North Carolina Department of Environment and Natural Resources, Division of Environmental Health

Company Name		Registration Number
Street Address (Box Number, Street Address, Rural Route, or Other)		
City, State, Zip (City, Town or Post Office, State and Zip Code)		
Plant Location		County
Contact Person (Name and Title)		
Telephone Number	Fax Number	E-mail Address

**The following questions will be used to assess your business volume in North Carolina for the 2010 calendar year, in order to determine your bedding sanitizer's fee.**

1. Enter the number of pillows and decorative pillows sanitized during 2010.	1	
2. Enter the number of comforters sanitized during 2010.	2	
3. Add boxes 1 and 2. Put the total here.	3	
4. Divide the total in box 3 by the number 5 (five). If this results in a fraction, round it off to the next highest number. Put the result here.	4	
5. Enter the number of mattresses and upholstered springs sanitized during 2010.	5	
6. Enter the number of sleeping bags sanitized during 2010.	6	
7. Enter the number of sleeping pads sanitized during 2010.	7	
8. Enter the number of cushions sanitized during 2010.	8	
9. Enter the number of padded or stuffed items designed to be commonly used for reclining or sleeping, including studio couches and sofa beds, which were sanitized during 2010.	9	
10. Add boxes 4 through 9. Put the total here.	10	
11. The fee for each item in box 10 is 5.2 cents. Multiply the total in box 10 by 0.052 and put the results here.	11	
12. If the amount in box 11 is greater than \$50.00, put that amount in box 12. If the amount in box 11 is less than or equal to \$50.00, put \$50.00 in box 12.	12	

**The amount in box 12 is your 2011 North Carolina Sleep Products Sanitizer's License Fee.** This fee, this completed form (signed and dated), and a sample law label, **MUST** be received by Public Health Pest Management no later than the last day of February 2011 in order to prevent products from being removed from sale.

*This is to certify that I have examined this application and have determined that the information contained therein is correct:*

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
 Chief Financial Officer

Name Printed: \_\_\_\_\_ Federal Tax ID Number/EIN: \_\_\_\_\_  
 (Required)

**Make checks payable to:** PUBLIC HEALTH PEST MANAGEMENT

**Mail check, application and sample law label to:** PUBLIC HEALTH PEST MANAGEMENT  
 1631 MAIL SERVICE CENTER  
 RALEIGH NC 27699-1631

**FOR OVERNIGHT DELIVERIES MAIL TO:** PUBLIC HEALTH PEST MANAGEMENT  
 ROOM 206, 3825 Barrett Drive  
 RALEIGH NC 27604

**PLEASE BE ADVISED THAT A SERVICE CHARGE OF \$25.00 WILL BE CHARGED ON ALL RETURNED CHECKS.**

For more information, please contact Public Health Pest Management Section, Sleep Products Program  
 Phone: 919-571-4814, Fax: 919-571-4967, <http://www.deh.enr.state.nc.us/phpm/index.htm>