

**NORTH CAROLINA DEPARTMENT OF AGRICULTURE AND
CONSUMER SERVICES**

STRUCTURAL PEST CONTROL & PESTICIDES DIVISION

1090 MAIL SERVICE CENTER

RALEIGH, NC 27699-1090

Phone (919) 733-6100 FAX (919) 733-0633

**Registered Technician School
APPLICATION FOR ENROLLMENT**

Enrollment Policy

- Enrollment in the **Registered Technician (RT) School** begins by completing an *Application for Enrollment*.
- The number of applicants enrolled at any particular **RT School** is limited by the size of the training classroom. The applicant is either enrolled immediately, or if there is no space available, s/he is placed on a waiting list for the next preferred **RT School** location. A minimum enrollment of five (5) students at each school is required; otherwise the school may be cancelled.
- Individuals must register for a **RT School** at least 10 days prior to the date of the **School**. A \$25.00 enrollment fee payable to NCDA&CS must be submitted with the *Application for Enrollment*. **Do not combine School fees with other Division administrative fees.**
- Applicants who desire to cancel enrollment at a **RT School** must notify the **Structural Pest Control & Pesticides Division** at least seven (7) days prior to the date of the school. No reimbursement will be made if cancellation occurs within 7 days of the **RT School**, or if the registrant fails to attend.
- Forfeited fees may not be applied or transferred for enrollment to other **RT Schools**. Substitutions of applicants will be accepted in most cases provided notification is made to the Division.
- Upon completion of **School**, eligible applicants **must** apply for the issuance of a registered technician identification card within 75 days of hire.
- Incorrect information may invalidate an *Application for enrollment*.

Applicant Information (Print or Type)

<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name	First Name	Middle Initial
<input type="text"/>	<input type="text"/>	<input type="text"/>
Social Security Number	Position in Company	Date of Employment (If technician)
<input type="text"/>	<input type="text"/>	
Applicant's Email Address	Applicant's Phone Number	

Employer Information (Print or Type)

<input type="text"/>	<input type="text"/>	
Licensee or Certified Applicator	License/CA No.	
<input type="text"/>	<input type="text"/>	
Company Name	Phone No.	
<input type="text"/>	<input type="text"/>	
Street Address	Fax No.	
<input type="text"/>	Check here if you need a workbook. Applicant <u>will not</u> be admitted to the School without a completed workbook. <input type="checkbox"/>	
Post Office Box (if applicable)		
<input type="text"/>	<input type="text"/>	
City	State	Zip Code

Registered Technician School Preference (Print or Type)

<input type="text"/>	<input type="text"/>
Location of School (First Preference)	Date
<input type="text"/>	<input type="text"/>
Location of School (Second Preference)	Date

I certify that this employee has completed the Registered Technician Training Program *Introductory Training Workbook* and 24 hours of on-the-job training.

<input type="text"/>	<input type="text"/>	<input type="text"/>
Signature of Applicant	Signature of Employer (Lic. or CA)	Date