NORTH CAROLINA DEPARTMENT OF AGRICULTURE & CONSUMER SERVICES
STRUCTURAL PEST CONTROL & PESTICIDES DIVISION
1090 MAIL SERVICE CENTER, RALEIGH, NC 27699-1090

APPLICATION FOR STRUCTURAL PEST CONTROL CERTIFIED APPLICATOR'S CARD

(Type or Print in Ink)

APPLICANT INFORMATION

Applicant's Name:			Social Security Number:	
Home Address:			Job Title:	
City State Zip			County	Telephone Number:
Date of Birth:	Height	Weight	Hair Color	Eye Color

COMPANY (EMPLOYER) INFORMATION

Company Name:	Telephone Number:
Street Address	Mailing address different from street address)
City State Zip	City State Zip

CERTIFIED APPLICATOR CARD INFORMATION

This application is for a: (Check the applicable box. **For transfers, indicate the last day of employment with previous employer**):	New CA Card ☐	New CA Phase ☐	Transfer of Card ☐ (effective date)	Replacement Card ☐	Address Change ☐
Check certification phase(s) and card type for which application is being made (see instructions on back):	**P** (Household Pest) ☐ **W** (Wood-Destroying Organism) ☐ **F** (Fumigation) ☐		Commercial ☐ Noncommercial ☐ Unemployed ☐		

LICENSEE INFORMATION (FOR COMMERCIAL CERTIFIED APPLICATORS ONLY)

Licensee's Name	License Number

RESIDENT AGENT INFORMATION

If you are not a resident of North Carolina you must designate a resident agent. The resident agent's address must be the same as the company address.

Resident Agent's Name:		Telephone Number:
Address:		
City State Zip		County

FEES SUBMITTED

The fee for a **new** Certified Applicator Card is $30.00	The fee to reprint an existing card because of a new phase, transfer, or replacement is $5.00	Enter total fee enclosed:

BRANCH OFFICE INFORMATION

This information is required **only** if the CA is the Designated Certified Applicator in a Branch Office other than the licensee home office. The licensee must also register the Branch Office on the *Branch Office Registration Form*.

Company Name:	Telephone Number:
Street Address	Mailing address (if different from street address)
City State Zip	City State Zip

APPLICANT, EMPLOYER AND RESIDENT AGENT CERTIFICATION

I hereby certify that the information given in this application is true and correct.

Signature of Applicant:	Date:
Signature of Licensee (commercial) or Employer (noncommercial):	Date:
Signature of Resident Agent (**required** if applicable):	Date:

INSTRUCTIONS FOR COMPLETING THE CERTIFIED APPLICATOR'S CARD APPLICATION

APPLICANT INFORMATION
Complete all personal information for the applicant. Be sure to include the *Job Title*.

COMPANY / EMPLOYER INFORMATION
The company name and address of the company with which you are currently employed. For commercial CAs this will be a pest control company. For non-commercial CAs, the company name may not be a pest control company. For unemployed CAs, leave this information blank.

CERTIFIED APPLICATOR CARD INFORMATION
Check the appropriate box for New Card, New Phase added to existing card, Transfer of Card from one employer to another, or Replacement of a lost card.

Check the box for the phase(s) to be included or added to the card.

The Division issues certified applicator's cards in three types:

> Commercial: Individuals working under the supervision of a licensee and charging a fee for the pest control services they perform.
>
> Noncommercial: Individuals that are employed by a company (that is not a pest control company) who performs their company's pest control services. Noncommercial individuals cannot hire themselves out or trade pest control services.
>
> Unemployed: Individuals that are not currently engaged in the pest control business, but want to maintain their certification.

LICENSEE INFORMATION
This section applies only to a certified applicator employed with a person holding a structural pest control license.

RESIDENT AGENT INFORMATION
This section applies only to a certified applicator that resides outside of North Carolina. The resident agent should be located at the home office location of the licensee or, for a noncommercial CA, at the company location in North Carolina.

FEES SUBMITTED
Fees required are listed on the front of the form. Be sure to indicate the amount paid and to include your check or other form of payment with the application. Applications received without payment will be returned.

BRANCH OFFICE INFORMATION
This information is required ONLY if the certified applicator is to be the designated certified applicator in a branch office location other than the LICENSEE'S home office. The term Home Office means the office to which the employing LICENSEE'S license is assigned NOT the corporate office.

APPLICANT, EMPLOYER AND RESIDENT AGENT CERTIFICATION
All applicable individuals must sign the application. Unsigned applications will be returned.