

North Carolina Department of Agriculture & Consumer Services  
Structural Pest Control & Pesticides Division

## Contact Information Update Form

*Please use this form to update the contact information for your NC Pesticide License.*

License Holder:

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Last Name

License Type: *\*required*

License Number: *\*required*  
\_\_\_\_\_

Phone Number:

\_\_\_\_\_  
Area Code

- \_\_\_\_\_  
Phone Number

Email Address:

\_\_\_\_\_  
*licenseholder@example.com*

Business Name:

\_\_\_\_\_

Address:

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Street Address Line 2

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

### TO SUBMIT THIS FORM

Right click, select **SAVE AS**, and save this form as a PDF. Please **DO NOT PRINT** and then save.  
Completed forms should be emailed as an attachment to [PestLicAdmin@ncagr.gov](mailto:PestLicAdmin@ncagr.gov)