



# Examination Preregistration Form

North Carolina Department of Agriculture & Consumer Services  
Structural Pest Control & Pesticides Division  
1090 Mail Service Center, Raleigh, NC 27699-1090  
Phone: 919-733-6100 E-mail: structuralexams@ncagr.gov

\*Please note that all fields are required.

Section 1: Applicant Information	
Applicant's Name:	Social Security Number:
Home Address:	Phone:
City: State: Zip:	County:
E-Mail:	
Section 2: Applicant History	
Are you currently licensed in North Carolina?	<input type="checkbox"/> No <input type="checkbox"/> Yes – Lic. Number:
Are you currently certified in North Carolina?	<input type="checkbox"/> No <input type="checkbox"/> Yes – C.A. Number:
Have you failed any examinations within the past twelve (12) months? <small>*An applicant who fails to pass the second license examination shall wait a minimum of one examination between each subsequent examination-02 NCAC 32 .0302 (d) (2)- NC SPC Regulations*</small>	<input type="checkbox"/> No <input type="checkbox"/> Yes
If Yes, date last examination taken (if known):	
Section 3: Company Information	
Business Name:	Phone:
Address:	E-mail:
City: State: Zip:	County:
Section 4: Examination Information	
Type of Exam: <input type="checkbox"/> License <input type="checkbox"/> Certification <input type="checkbox"/> Recertification	
Exam Phase: (check all that apply) <input type="checkbox"/> Core <input type="checkbox"/> Pest <input type="checkbox"/> Wood <input type="checkbox"/> Fumigation	
Date applying to take examination:	
Location of Examination:	
Applicant's Signature:	Date: