The North Carolina Structural Pest Control Committee issued a directive effective immediately. All persons applying to take the license exam must submit a Criminal Background Check with your 9 page application. Here are the procedures.

**Federal Record Check**

FBI Record Request
1000 Custer Hollow Rd.
Clarksburg West Virginia, 26306

1) Go to local law enforcement/ sheriff’s office.
2) Request Finger Print Card and finger print (There will be fee for fingerprinting.)
3) Obtain an $18.00 Money Order written to : Treasurer of the United States
4) Submit: Finger Print Card
       Money Order
       Cover Letter: Full Legal Name
                     Current Address
                     Phone Number
                     Reason for Request: (i.e. licensing requirement)

5) Place information in envelope and mail to: FBI Record Request
   1000 Custer Hollow Rd.
   Clarksburg West Virginia, 26306
   Phone # 304-625-5590

6) In 3-4 weeks, you should have a report returned from the FBI.
7) Submit this report along with the completed 9 page application to:

   NCDA&CS-Structural Pest Control Section
   Box 1090 Mail Service Center (MSC)
   Raleigh, NC 27699-1090

****Background check must be current (6 months or less) when submitting with 9-page license application.****

Revised August 11, 2008
APPLICATION FOR LICENSE EXAMINATION

(INCOMPLETE APPLICATIONS WILL BE RETURNED)

1. Name: _________________________________________________________________________________________________________________
   (First)                      (Middle)                    (Last)                 (Nickname)

2. Home Address: ________________________________________________________________________________________________________
   (Street or P.O. Box)                      (City)                      
   _______________________________________________________Telephone No._____________________________________________
   (State)    (Zip Code)  (County)

3. Applicant's Social Security No.: ___  ___  ___ - ___  ___  - ___  ___  ___

4. Are you presently employed? Yes ____ No ____ Self -Employed? Yes____ No____

5. Name and address of present employer (company name): _______________________________________________________________________
   _______________________________________________________________________________________________________________________
   _______________________________________________________Telephone No. ______________________________________________
   (Street or P.O. Box)                (City)       (State)               (Zip Code)
   (County)

6. What is your position or job title with this company? __________________________________________________________________________

7. Indicate examination(s) for which you are applying by marking an "X" in the appropriate box(es) below:
   ☐ Control of Household Pests (P license)
   ☐ Control of Wood-Destroying Organisms including fungi (W license)
   ☐ Fumigation (F license)

8. Have you ever been charged with or convicted of violating the Structural Pest Control Laws of any state?
   Yes____ No ____ ,If yes, complete the following:
   Nature of the Charge(s) Date(s) Charge(s) Made City (ies) and State(s) Where Charge(s) Made Disposition of Case(s)
   a. __________________________ _______________ __________________________ ________________
   b. __________________________ _______________ __________________________ ________________

9. Have you within five years of the date of this application been convicted of or entered a plea of guilty or a plea of
   nolo contendere to or forfeited bond to a charge involving moral turpitude? Yes ____ No ____.
   If yes, state where and when __________________________ __________________________ __________________________ __________________________
10. Have you ever held a valid North Carolina certified applicator's (CA) card or equivalent thereto?  
   Yes  ____ No  ____ If yes, give CA number and phase(s) ______________________________.  Expiration date _______________________. 
   Have you ever held a valid CA card or equivalent thereto from any other state? Yes  ____ No  ____  
   If yes, complete the following:

<table>
<thead>
<tr>
<th>Type(s) or Phase(s) Cards Held</th>
<th>How CA Card Obtained (Exam, etc.)</th>
<th>Issuing Agency (ies) and Name of State</th>
<th>Date(s) Issued</th>
<th>Expiration CA Date(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. __________________________</td>
<td>________________________________</td>
<td>________________________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. __________________________</td>
<td>________________________________</td>
<td>________________________</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

11. Have you ever held a valid North Carolina structural pest control license? Yes  ____ No  ____  
   If yes, give license number and phase(s) held_______________________________ Expiration date ______________________.  
   Have you ever held a valid structural pest control license or equivalent thereto from any other state? Yes  ____ No  ____  
   If yes, complete the following:

<table>
<thead>
<tr>
<th>Type(s) or Phases(s) License(s) Held</th>
<th>How License Obtained (Exam or GFC)</th>
<th>Issuing Agency(ies) and Name of State</th>
<th>Date(s) Issued</th>
<th>Expiration Date(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. ________________________________</td>
<td>_________________________________</td>
<td>________________________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. ________________________________</td>
<td>_________________________________</td>
<td>________________________</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

12. Have you ever had a structural pest control license or certified applicator's (CA) card or equivalent thereto, suspended or revoked by any state of the U.S.?  
   Yes  ____ No  ____ If yes, complete the following:

<table>
<thead>
<tr>
<th>Type of License/CA Card Suspended or Revoked</th>
<th>Specify Whether License/CA Card Suspended or Revoked</th>
<th>Date of Suspension or Revocation</th>
<th>Agency (ies) Which Suspended or Revoked License/CA Card and Name of State</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. ____________________________</td>
<td>____________________________</td>
<td>________________________</td>
<td>________________________</td>
</tr>
<tr>
<td>b. ____________________________</td>
<td>____________________________</td>
<td>________________________</td>
<td>________________________</td>
</tr>
</tbody>
</table>

13. We, the undersigned citizens, hereby Certify to the good moral character and temperate habits of this applicant (Recommendations must be from reputable citizens who are not related to the applicant by either consanguinity or affinity. Signatures must be authentic and made by the individual so named.):

   a. Signed ___________________________________________ Occupation ____________________________________________
      Address ___________________________________________ Telephone No. ___________________________________________
      (Street or P.O. Box) (State) (Zip Code)
   b. Signed ___________________________________________ Occupation ____________________________________________
      Address ___________________________________________ Telephone No. ___________________________________________
      (Street or P.O. Box) (State) (Zip Code)
   c. Signed ___________________________________________ Occupation ____________________________________________
      Address ___________________________________________ Telephone No. ___________________________________________
      (Street or P.O. Box) (State) (Zip Code)

Signed (Applicant) ____________________________________________
Date ____________________________________________, 20____

Revised August 11, 2008
QUESTIONNAIRE
(COMPLETE AND SUBMIT WITH APPLICATION FOR LICENSE EXAMINATION)

1. Name of applicant: __________________________________________________________________________________________

2. Name of company and location you will operate from in this state should you secure a North Carolina structural pest control license: ________________________________________________________________________________________________________

   (Company Name)   (Street and No. or RFD)   (City)
                   (State)                      (Zip Code)          (County)

3. Date above company was organized: _____________________________________________________________________________, 20____

4. Is this company incorporated? Yes__ No__ If yes, complete the following:
   The trade name of the company is registered in ______________________________________________________________________ (County), ________________ (State).

5. List previous addresses of this company's branch office and length of time at each address for the past ten years:
   a. _______________________________________________________ From __________, 20___ To __________, 20____
                   (Street and No. or RFD)   (City)   (State)
   b. _______________________________________________________ From __________, 20___ To __________, 20____
                   (Street and No. or RFD)   (City)   (State)
   c. _______________________________________________________ From __________, 20___ To __________, 20____
                   (Street and No. or RFD)   (City)   (State)
   d. _______________________________________________________ From __________, 20___ To __________, 20____
                   (Street and No. or RFD)   (City)   (State)

6. List the names and addresses of the officers or owners of this company:
   a. Name ___________________________________________ Title __________________________
      Address ________________________________________________________________
      (Street and No. or RFD)   (City)   (State)   (Zip Code)
   b. Name ___________________________________________ Title __________________________
      Address ________________________________________________________________
      (Street and No. or RFD)   (City)   (State)   (Zip Code)
   c. Name ___________________________________________ Title __________________________
      Address ________________________________________________________________
      (Street and No. or RFD)   (City)   (State)   (Zip Code)
   d. Name ___________________________________________ Title __________________________
      Address ________________________________________________________________
      (Street and No. or RFD)   (City)   (State)   (Zip Code)
7. Beginning with the present date, list your entire employment record for the past ten years. Include each employer and location for which you have worked in the field of structural pest control along with his/her license number and the state(s) in which a structural control license was held while working for that company. Also include any employment you have had outside structural pest control during the ten year period.

a. Employer _______________ Date(s) employed: From ________________ , 20___________ To ___________________ , 20______
Licensee's Name (if applicable)___________________________________ License Number (if applicable)____________________
Address of employer __________________________________________
(Street and No. or RFD)   (City)                   (State)             (Zip Code)

b. Employer _______________ Date(s) employed: From ________________ , 20___________ To ___________________ , 20______
Licensee’s Name (if applicable)___________________________________ License Number (if applicable)____________________
Address of employer __________________________________________
(Street and No. or RFD)   (City)                   (State)             (Zip Code)

c. Employer _______________ Date(s) employed: From ________________ , 20___________ To ___________________ , 20______
Licensee's Name (if applicable)___________________________________ License Number (if applicable)____________________
Address of employer __________________________________________
(Street and No. or RFD)   (City)                   (State)             (Zip Code)

d. Employer _______________ Date(s) employed: From ________________ , 20___________ To ___________________ , 20______
Licensee’s Name (if applicable)___________________________________ License Number (if applicable)____________________
Address of employer __________________________________________
(Street and No. or RFD)   (City)                   (State)             (Zip Code)

(Use additional pages if necessary to give complete ten-year employment history)

8. Are you making application for examination on the basis of having two years practical experience as a service employee in the control of household pests, the control of wood-destroying organisms and/or fumigation? Yes __No __
If yes, complete the following:
Number of years of experience in the control of household Pests (__________years), in the control of wood-destroying organisms (__________ years), fumigation (__________years). Attach to this questionnaire, affidavits from employers for which you have worked for at least two years as a service employee in each of the phases of structural pest control in which you wish to be examined (Use the enclosed affidavit, Found on page 9).

**NOTE:** 2NCAC 34.0302 Authorizes the Division to make such investigations as it deems necessary to verify an applicant’s qualifications. If no licensee/employer affidavit is submitted, the Division will contact current/previous licensees/employers for whom you indicate you have worked for at least two years.

9. Are you making application for examination on the basis of having two years practical experience as an owner-operator in the control of household pests, the control of wood-destroying organisms or fumigation? Yes __No __
If yes, complete the following:
Number of years experience as an owner-operator, the control of household pests (__________ years), the control of wood-destroying organisms (__________ years), fumigation (__________years). For self-employed applicants, in lieu of the employer’s affidavit, Section 4, Page 1, please attach notarized letters from customers you have serviced. Letters should indicate you have a minimum of 2 years experience in each of the phases of structural pest control in which you wish to be examined.

**NOTE:** 2NCAC 34.0302 Authorizes the Division to make such investigations as it deems necessary to verify an applicant’s qualifications. If no licensee/employer affidavit is submitted, the Division will contact current/previous licensees/employers for whom you indicate you have worked for at least two years.

Revised August 11, 2008
10. Education

a. Name of high school attended: __________________________________________________________

   Address of high school ________________________________________________________________
   (Street and No. or RFD) (City) (State) (Zip Code)

   Did you graduate? Yes __ No __ year graduated ___________

b. Did you attend a college or some other type of institution? Yes __ No __ If Yes, complete the following (If you desire your college or university training in structural pest control or related fields to be considered as evidence of your qualifications, submit with this application a certified record of such training):

   (1) Name of college, etc. _____________________________________________________________

      Address _________________________________________________________________
      (Street and No. or RFD) (City) (State)

      Year(s) attended ___________ Year graduated ___________ Degree(s) Received ___________

      ____________________________________________________________________________

   (2) Name of college, etc. _____________________________________________________________

      Address _________________________________________________________________
      (Street and No. or RFD) (City) (State)

      Year(s) attended ___________ Year graduated ___________ Degree(s) Received ___________

      ____________________________________________________________________________

   c. Other formal training (list type of training, source of training and date(s) of training) _________________________________________________________________

      ____________________________________________________________________________

      ____________________________________________________________________________

   d. Other qualifying experience __________________________________________________________

      ____________________________________________________________________________

      ____________________________________________________________________________

      ____________________________________________________________________________
11. If you are applying to take the examination for a LICENSE FOR THE CONTROL OF HOUSEHOLD PESTS, complete the following:

<table>
<thead>
<tr>
<th>Name of Pests</th>
<th>Years Experience In Controlling</th>
<th>Pesticides Currently Used Name of Pests (List by Brand name only)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Ants</td>
<td>______________________________</td>
<td></td>
</tr>
<tr>
<td>b. American Roaches</td>
<td>______________________________</td>
<td></td>
</tr>
<tr>
<td>c. Brown-Banded Roaches</td>
<td>______________________________</td>
<td></td>
</tr>
<tr>
<td>d. Clothes Moths</td>
<td>______________________________</td>
<td></td>
</tr>
<tr>
<td>e. Fleas</td>
<td>______________________________</td>
<td></td>
</tr>
<tr>
<td>f. German Roaches</td>
<td>______________________________</td>
<td></td>
</tr>
<tr>
<td>g. House flies</td>
<td>______________________________</td>
<td></td>
</tr>
<tr>
<td>h. Mice</td>
<td>______________________________</td>
<td></td>
</tr>
<tr>
<td>i. Millipedes</td>
<td>______________________________</td>
<td></td>
</tr>
<tr>
<td>j. Rats</td>
<td>______________________________</td>
<td></td>
</tr>
<tr>
<td>k. Sawtoothed Grain Beetle</td>
<td>___________________________</td>
<td></td>
</tr>
<tr>
<td>l. Silverfish</td>
<td>______________________________</td>
<td></td>
</tr>
<tr>
<td>m. Wasps</td>
<td>______________________________</td>
<td></td>
</tr>
</tbody>
</table>

12. If you are applying to take the examination for a LICENSE FOR THE CONTROL OF WOOD-DESTROYING ORGANISMS, complete the following:

<table>
<thead>
<tr>
<th>Name of Pests</th>
<th>Years Experience In Controlling</th>
<th>Pesticides Currently Used Name of Pests (List by Brand name only)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Carpenter Ants</td>
<td>______________________________</td>
<td></td>
</tr>
<tr>
<td>b. Carpenter Bees</td>
<td>______________________________</td>
<td></td>
</tr>
<tr>
<td>c. Dry Wood Termites</td>
<td>______________________________</td>
<td></td>
</tr>
<tr>
<td>d. Old House Borers</td>
<td>______________________________</td>
<td></td>
</tr>
<tr>
<td>e. Powder-Post Beetles</td>
<td>______________________________</td>
<td></td>
</tr>
<tr>
<td>f. Subterranean Termites</td>
<td>___________________________</td>
<td></td>
</tr>
<tr>
<td>g. Wood-Decay Fungi</td>
<td>______________________________</td>
<td></td>
</tr>
</tbody>
</table>

13. If you are applying to take the examination for a FUMIGATION LICENSE, complete the following:

<table>
<thead>
<tr>
<th>Fumigants</th>
<th>Number of Years Experience With</th>
<th>Type of gas Mask used</th>
<th>Type of Fumigants Canister used</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Chloropicrin</td>
<td>______________________________</td>
<td>__________________</td>
<td>__________________</td>
</tr>
<tr>
<td>b. Methyl Bromide</td>
<td>______________________________</td>
<td>__________________</td>
<td>__________________</td>
</tr>
<tr>
<td>c. Phostoxin</td>
<td>______________________________</td>
<td>__________________</td>
<td>__________________</td>
</tr>
<tr>
<td>d. Vikane</td>
<td>______________________________</td>
<td>__________________</td>
<td>__________________</td>
</tr>
<tr>
<td>e. Other Fumigants (List):</td>
<td>___________________________</td>
<td>__________________</td>
<td>__________________</td>
</tr>
</tbody>
</table>

Signed (Applicant) ______________________________________

Date ________________________ 20_____

Revised August 11, 2008
Name ______________________________________________________________     ____________________________, 20 ______

(Last Name)                    (First Name)                  (Middle Name)                               (Date)

Business address _____________________________________________________________________________________________

(Street and No. or RFD)     (City)                         (State)                (Zip Code)

Residence __________________________________________________________________________________________________

(Street and No. or RFD)     (City)                         (State)                (Zip Code)

Place of Birth ________________________________________________________________________________________________

(Street and No. or RFD)     (City)                         (State)                (Zip Code)

Nationality _______________________________________________________________________ Sex________________________

Age _______________ Date of Birth _______________ Height ____________________Complexion ______________________

Hair __________________ Eyes ____________________Weight __________________ Build _______________________________

Scars & Marks _______________________________________________________________________________________________

Have you ever been convicted of a felony? □ □ If yes, state where and when. (Do not include minor traffic violations) yes no

Have your ever been arrested or convicted otherwise? □ □ (Do not include minor traffic violations) yes no

If answer is yes, list all arrests and/or convictions. Failure to completely and accurately identify any arrest and/or conviction may result in the rejection of your application.

<table>
<thead>
<tr>
<th>Charge</th>
<th>Date of Arrest</th>
<th>Place</th>
<th>Disposition or Sentence</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
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<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
State of _______________________________________
County of _______________________________________

(Applicant’s Name)

being duty sworn on his oath deposes and says that he has read Parts 1, 2, and 3 of the above and foregoing application and that the statements and answers contained therein are true and correct. Applicant further acknowledges that an application which contains false, misleading or incomplete statements and answers shall not be considered a properly completed application for examination for purposes of meeting the pre-registration requirements.

Affix here a 2 ½” x2 1/2 “ clear full-face head and shoulder photograph taken within the preceding 12 months

(Applicant’s Signature)

Notary please impress seal on both signature and edge of photo. Please do not deface photo.

Subscribed and Sworn before me this ____________________________

day of ____________________________ , 20 ___

__________________________________________________________Notary Public

My commission expires ____________________________
EMPLOYER'S AFFIDAVIT
(This affidavit must be completed by applicant's employer)

1. State of ______________________________________
2. County of ____________________________________
3. I hereby certify that ____________________________________________________ was
   in my employ as a ____________________________________________ and
   was engaged in the following kind of work (Specify exact duties Performed). ______________________________________
   ____________________________________________________________________________________
   ____________________________________________________________________________________
   ____________________________________________________________________________________
4. Date(s) Employed (Exact Dates): From: __________/ _____ / _____ To: __________/ _____ / _____
5. List Additional Employment Dates If Applicable: From: __________/ _____ / _____ To: __________/ _____ / _____
6. Did employee mix and apply chemicals for the control of:
   Household pests: Yes _____ No _____; Full time_____ *Part time _____
7. Average number of jobs treated monthly (approx.): __________
8. Wood-destroying Organisms: Yes _____ No _____; Full time_____ *Part time _____
9. Average number of jobs treated monthly (approx.): _______________
10. Did employee participate in fumigation work:
    Yes _____ No _____; Full time_____ *Part time _____
11. Average number of fumigation jobs participated in yearly (approx.): _______________
12. * Explain part time work: _______________________________________________________________________________________________
    _______________________________________________________________________________________________
    _______________________________________________________________________________________________
13. I hereby certify that the above information is true and correct to the best of my knowledge.

Employer's Full Name: ____________________________________________________________________
(Print or Type)

Employer's Position/Job Title: ______________________________________________________________

Signature of Employer ____________________________________________________________________

(Note: Must be Signed By Employer and Not His/Her Agent.)

Street Address ___________________________________________________________________________

City ________________________________ State _____________________ Zip Code__________________

Name and type of business _________________________________________________________________

_______________________________________________________________________________________

Subscribed and sworn to before me this _________________________________ day of _________________________________ 20 ______

NOTEARY SEAL (Signature of Notary, Public) SEAL

My Commission expires _____________________________________________