

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

APPLICATION FOR STRUCTURAL PEST CONTROL LICENSE
 (Type or Print in Ink)

APPLICANT INFORMATION			
Applicant's Name:			Social Security Number:
Home Address:			Job Title
City	State	Zip	County Telephone Number:

COMPANY INFORMATION			
Company Name:			County:
Street Address		Mailing address (if different from street address)	
City	State	Zip	City State Zip
Telephone Number:	Fax Number (if applicable):	800 Number(if applicable):	

LICENSE INFORMATION					
This application is for a: (Check the applicable box. For transfers, indicate the last date of employment with the previous employer.):	New License:	New License Phase:	Transfer of License: (indicate effective date)	Replacement License	Address Change
	Check license phases for which application is being made:	P (Household Pest)	W (Wood-Destroying Organism)	F (Fumigation)	
Indicate the status in which the license is to be issued: (If inactive, you will not receive a license certificate at this time.)			Active	Inactive	

EMPLOYEE INFORMATION	
Indicate the number of employees who will perform structural pest control under the license, not including you or clerical employees.	

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			
Fees for a new license are: One phase: \$200.00 Two phases: \$275.00 Three phases: \$350.00	Fee to add a phase is: \$75.00 for each phase.	Fee for a license transfer or replacement is \$10.00	Enter total fee enclosed:

INSURANCE INFORMATION
The license can not be issued without proof of insurance. Proof of insurance as required by G.S. 106-65.37 and 2 NCAC 34 .0902 must include a pollution and contamination endorsement clause. Insurance certificates are accepted from the insurance company only.

APPLICANT AND RESIDENT AGENT CERTIFICATION	
I hereby certify that the information given in this application is true and correct.	
Signature of License Applicant:	Date:
Signature of Resident Agent: (required if applicable):	Date:

INSTRUCTIONS FOR COMPLETING THE LICENSE APPLICATION

APPLICANT INFORMATION

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

COMPANY INFORMATION

The company name and address of the company with which you are currently employed.

LICENSE INFORMATION

Check the appropriate box for New License, New Phase added to existing license, Transfer of License from one employer to another, or Replacement of a lost license.

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

EMPLOYEE INFORMATION

Indicate the number of employees who will perform structural pest control under your license. Do not include yourself or clerical staff.

RESIDENT AGENT INFORMATION

This section applies only to licensees that reside outside of North Carolina. The resident agent should be located at the home office location of the licensee 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.

INSURANCE INFORMATION

The license will not be issued without proof of insurance. It is always best to include the Certificate of Insurance with the license application. For applications other than new licenses, be sure your insurance information is current: not expired, issued in the company name indicated on the application, etc.

APPLICANT AND RESIDENT AGENT CERTIFICATION

All applicable individuals must sign the application. Unsigned applications will be returned.