

NORTH CAROLINA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES

*STRUCTURAL PEST CONTROL & PESTICIDES DIVISION
1090 MAIL SERVICE CENTER, RALEIGH NC 27699-1090*

**REGISTRATION OF EMPLOYEE(S) WORKING UNDER THE SUPERVISION OF A
LICENSEE OR NON-COMMERCIAL CERTIFIED APPLICATOR**

BEFORE YOU BEGIN: Answer questions 1-5 for each employee/applicant. Check Yes or No and enter the required dates. Do NOT submit this application for employees who are not eligible. Employees must be registered within 75 days of employment.

QUESTION	ANSWER	
1. Has the applicant(s) completed the introductory training workbook and 24 hours of on-the-job training in the applicable phases?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, then STOP HERE . The applicant is not eligible. Do NOT submit at this time. Introductory training is required.
2. Has the applicant(s) attended the Registered Technician School or approved equivalent training?	<input type="checkbox"/> Yes <input type="checkbox"/> No Enter Training Date(s): ____/____/____ Attach the certificate(s) to this form.	If no, then STOP HERE . The applicant is not eligible. Do NOT submit at this time. The training must be completed before the employee(s)/applicant(s) can apply.
3. To your knowledge, has the applicant(s) ever had a Registered Technician or Certified Applicator card issued in North Carolina?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, enter the previous license/file number(s) here: _____	
4. The applicant(s) will be working under your supervision. Is your License or Non-Commercial Certified Applicator (CA) card current and active?	<input type="checkbox"/> Yes <input type="checkbox"/> No Enter License Expiration Date: ____/____/____	If no, STOP HERE . The applicant is not eligible. Your License or Non-Commercial CA card must be current and active.
5. Are you aware a \$40.00 fee is required for EACH applicant and that the Registered Technician card expires on June 30 of each year?	<input type="checkbox"/> Yes	Total Enclosed: \$

APPLICANT #1 FEE: \$40.00 LOST OR STOLEN CARD FEE: \$5.00

Enter the FULL NAME of Employee/Applicant:		Social Security Number:		Hire Date:	
Home Address:		City:		State:	Zip Code:
Date of Birth:	Height:	Weight:	Hair Color:	Eye Color:	Job Title:

APPLICANT #2 FEE: \$40.00 LOST OR STOLEN CARD FEE: \$5.00

Enter the FULL NAME of Employee/Applicant:		Social Security Number:		Hire Date:	
Home Address:		City:		State:	Zip Code:
Date of Birth:	Height:	Weight:	Hair Color:	Eye Color:	Job Title:

(Type or Print In Ink)

BUSINESS INFORMATION

Application is hereby made for Registered Technician Identification Card(s) for the above employee(s) working under the supervision of:

Signature: _____ **License or Non-Commercial Certified Applicator #:** _____
(Licensee or Non-Commercial Certified Applicator)

Company Name: _____ County: _____ Phone Number (____) _____

Office Address: _____
(Street Address) (Mail/P.O. Box) (City) (State) (Zip Code)

I hereby certify that none of the employees listed above have, within 3 years of the date of this application, been convicted of, plead guilty or nolo contendere, or forfeited bond, in any state or federal court for a felony or any violation of the N.C. Structural Pest Control Law or to any regulation promulgated by the N.C. Structural Pest Control Committee. In addition, I certify that the above employee(s) have received the required training prescribed by the Structural Pest Control Committee for all registered technicians' identification cards applicants as provided in G.S. 106-65.29.

Signature: _____ **Date:** ____/____/____
(Licensee or Non-Commercial Certified Applicator)