

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 with your finger prints (There will be fee for finger printing.)
- 3) Open the hyper link; <https://www.fbi.gov/services/cjis/identity-history-summary-checks>
This is the FBI web site for requesting background report online. Use **OPTION 1**. Once you have placed your request and paid the fee the FBI issues you a confirmation letter (sent to your e-mail). Include your confirmation letter with your finger print card and mail to the FBI office address in Clarksburg, West Virginia. **If you are unable to send your request electronically then skip to step 7 and continue.**
- 4) Submit: Finger Print Card
Confirmation number – sent to you from FBI
Place information in envelope and mail to:
FBI CJIS Division
Attention: Electronic Summary Report
1000 Custer Hollow Rd. Clarksburg West Virginia, 26306
Phone # 304-625-5590
- 5) In 5 business days, you should have a report returned from the FBI sent to your e-mail.
- 6) Go to step 9.
- 7) *If you are unable to submit request to FBI electronically;*
Submit: Finger Print Card
Money Order for \$18.00 (made out to *Treasurer of the United States*)
Cover letter with; Full Legal Name, Current Address, Phone Number, Reason For The Request.
Place information in envelope and mail to:
FBI Records Request
1000 Custer Hollow Rd. Clarksburg West Virginia, 26306
Phone # 304-625-5590
- 8) In 12-16 weeks, you should have a report returned from the FBI in the mail.
- 9) Submit this report along with the completed license exam 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.******

**NORTH CAROLINA DEPARTMENT OF AGRICULTURE & CONSUMER
SERVICES STRUCTURAL PEST CONTROL & PESTICIDES DIVISION**

1090 Mail Service Center

RALEIGH, N.C. 27699-

1090

APPLICATION FOR LICENSE EXAMINATION

(INCOMPLETE APPLICATIONS WILL BE RETURNED)

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

2. Home Address: _____
(Street or P.O. Box) (City)

(State) (Zip Code) (County) Telephone No. _____

3. Applicant's Social Security No.: _____ - _____ - _____ E-mail address _____

4. Are you presently employed? Yes ___ No ___ Self -Employed? Yes ___ No ___

5. Name and address of present employer (company name): _____

(Street or P.O. Box) (City) (State) (Zip Code)

(County) Telephone No. _____

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:

D Control of Household Pests (P license)

D Control of Wood-Destroying Organisms including fungi (W license)

D 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:

	Type(s) or Phase (s) Cards Held	How CA Card Obtained (Exam, etc.)	Issuing Agency (ies) and Name of State	Date(s) Issued	Expiration CA Date(s)
a.	_____	_____	_____	_____	_____
b.	_____	_____	_____	_____	_____

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:

	Type(s) or Phases(s) License(s) Held	How License Obtained (Exam or GFC)	Issuing Agency(ies) and Name of State	Date(s) Issued	Expiration Date(s)
a.	_____	_____	_____	_____	_____
b.	_____	_____	_____	_____	_____

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:

	Type of License/CA Card Suspended or Revoked	Specify Whether License/ CA Card Suspended or Revoked	Date of Suspension or Revocation	Agency (ies) Which Suspended or Revoked License/CA Card and Name of State
a.	_____	_____	_____	_____
b.	_____	_____	_____	_____

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____

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 atleast 8 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.***

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 _____ Major subject _____
(Street and No. or RFD) (City)
(State)

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

(2) Name of college, etc. _____

Address _____ Major subject _____
(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:

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

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

Name of Pests	Years Experience In Controlling	Pesticides Currently Used Name of Pests (List by Brand name only)
a. Carpenter Ants	_____	_____
b. Carpenter Bees	_____	_____
c. Dry Wood Termites	_____	_____
d. Old House Borers	_____	_____
e. Powder-Post Beetles	_____	_____
f. Subterranean Termites	_____	_____
g. Wood-Decay Fungi	_____	_____

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

Fumigants	Number of Years Experience With	Type of gas Mask used	Type of Fumigants Canister used
a. Chloropicrin	_____	_____	_____
b. Methyl Bromide	_____	_____	_____
c. Phostoxin	_____	_____	_____
d. Vikane	_____	_____	_____
e. Other Fumigants (List):	_____	_____	_____

Signed (Applicant) _____

Date _____ 20____

**VITAL INFORMATION ON LICENSE APPLICANT
(COMPLETE AND SUBMIT WITH APPLICATION FOR LICENSE EXAMINATION)**

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? yes no If yes, state where and when.
 (Do not include minor traffic violations)

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

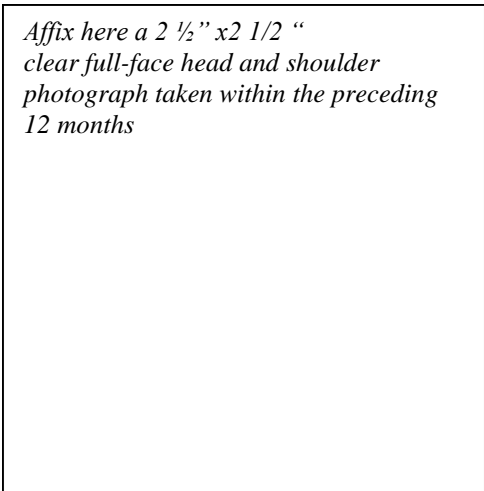
If answer is yes, list all arrests and/or convictions. Failure to completely and accurately identify any arrest and/or conviction may result in the rejection of your application.

Charge	Date of Arrest	Place	Disposition or Sentence

State of _____)
County of _____)

_____ after
(Applicant's Name)

being duly 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.



(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
 4. in my employ as a _____ and
 was engaged in the following kind of work (Specify exact duties Performed). _____

5 Date(s) Employed (**Exact Dates**): From: ____ / ____ / ____ To: ____ / ____ / ____

6 List Additional Employment Dates If Applicable: From: ____ / ____ / ____ To: ____ / ____ / ____

7. Did employee mix and apply chemicals for the control of:
 8. Household pests: Yes ____ No ____; Full time ____ *Part time ____
 9. Average number of jobs treated monthly (approx.): _____

10. Wood-destroying Organisms: Yes ____ No ____; Full time ____ *Part time ____
 11. Average number of jobs treated monthly (approx.): _____

12. Did employee participate in fumigation work: Yes ____ No ____; Full time ____ *Part time ____

13. Average number of fumigation jobs participated in yearly (approx.): _____

14. * Explain part time work: _____

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____

**NOTARY
SEAL**

 (Signature of Notary, Public)SEAL

My Commission expires _____