

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?	Yes No \longrightarrow	No 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?	Yes No \longrightarrow Enter the training dates: ____/____/____ ____/____/____ Attach the certificate to this form.	No STOP HERE: The applicant is not eligible. Do NOT submit at this time. The training must be completed before this employee can apply.
3. To your knowledge, has the applicant(s) ever had a registered technician or certified applicator card issued in NC?	Yes No Unknown Enter the previous license/file numbers if available. _____	
4. The applicant(s) will be working under your supervision. Is your license/CA card current and active?	Yes No \longrightarrow Enter Lic. Expire Date: ____/____/____	No STOP HERE: The applicant is not eligible. Your license must be current and active.
5. Are you aware a \$40.00 fee is required for EACH applicant and the Registered Technician card expires on June 30 each year?	Yes \longrightarrow	Total Enclosed: \$ _____

APPLICANT # 1. FEE: \$40.00 Duplicate FEE \$5.00

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

APPLICANT # 2. FEE: \$40.00 Duplicate FEE \$5.00

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

(Type or Print In Ink)

BUSINESS INFORMATION

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

Licensee/Certified Applicator: _____ **Lic./Ca No.** _____

Company Name: _____

Company/Office Address: _____

(Street Address)

(P.O. Box)

(City) _____ (State) _____ (ZipCode) _____ Telephone No: (____) - _____

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 employees have received the training prescribed by the Committee for all registered technician's identification card applicants as provided in G.S. 106-65.29.

Signature of licensee or certified applicator: _____ **Date:** _____