

038	Type: 038 PRIVATE PESTICIDE APPLICATOR <u>TO BE ADDED</u>
<ul style="list-style-type: none"> • — Instructions: The information that you provide will be used to prepare your certification card. Since you have passed your pesticide exam, you are eligible to be certified. • — Provide your county and phone number. • — Provide the farm name and farm mailing address. • — Sign on the line at the bottom of the page after reading the attestation statement. Answer the questions below as thoroughly as possible. • — Application should be returned with a check or money order in the amount of \$10.00 made payable to NCDA&CS. PLEASE DO NOT SEND CASH. 	<p><i>Mail To:</i> NCDA&CS - Structural Pest Control & Pesticides Division Licensing Unit 1090 Mail Service Center Raleigh, NC 27699-1090 Phone: (919) 733-3556</p>

Applicator:	Farm Name:
Mail Address:	Physical Address:
City: State: Zip Code:	City: State: Zip Code:
Date of Birth:	Home Phone:
Email:	Farm Phone:
Social Security # - -	County:

For the Farm listed above do you serve as the: (please mark in the appropriate box)

Owner	<input type="checkbox"/>	Employee	<input type="checkbox"/>	Other (manager, family member, etc.)	<input type="checkbox"/>
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Crops Grown: List crops grown(to which you apply pesticides) and the approximate acreage of the top three crops(in NC)

Crop 1:	Crop 2:	Crop 3:
Acreage:	Acreage:	Acreage:

Do you or your employer own or operate a farm, greenhouse, nursery, or timber production establishment in any other State? Yes No

If yes, which other state(s)?

Certification: Have you ever been certified, or are you currently certified, in any other state? Yes No

If yes, which other state(s)?

Do you or your employer provide housing to any employee(s) other than immediate family? Yes No

ONLINE EXAM
 IN-PERSON EXAM
 DATE/LOCATION OF EXAM: _____

DO NOT SEND CASH!!
DO NOT EMAIL FORM! Please mail form in with check or money order!!

ATTESTATION (Please Read & Sign Below):
 By signing below, I hereby confirm that I am a producer of an agricultural commodity and that I understand my legal responsibilities for pesticide use in accordance with product labels and for direct supervision of all individuals making pesticide applications under my certification.

SIGNATURE REQUIRED

Fee: \$10.00

X

APPLICANT'S SIGNATURE

For training opportunities, contact your local Cooperative Extension or visit our website: www.ncagr.gov/SPCAP/pesticides