Online Pesticide Exam Registration Form

Incomplete forms will not be processed.

Last Name:

First Name:

Middle Initial:

E-mail Address*:

Birth date:

Reason for Exam:

Existing NC Pesticide License Number (if applicable):

Type of License you will be applying for:

Second license type (if applicable):

If you were previously ineligible for a license, which exams have you already passed?

Enter your preferred mailing address for your license type:

Private Applicator	Not sure which type of license you need?
Street Address:	Not sure which type of heense you heed:
City:	Private Applicators apply pesticides to
State:	property they own/rent or to the property of their employer (nurseries fall under this
Zip Code:	category as well). Required exams: Private
County:	Applicator
Phone Number:	Commercial Applicators apply pesticides on someone else's property for compensation
Commercial Applicator, Dealer, or Consultant	(golf courses fall under this license as well). Required exams: Core and category
Business Name:	Dealers sell Restricted Use Pesticides.
Street Address:	Required exams: Dealer
City:	Consultants make pest control
State:	recommendations for compensation but do
Zip Code:	not apply pesticides. College transcripts must
County:	be submitted to NCDA&CS before taking the exams. Required exams: Core, Consultant,
Phone Number:	Category

Public Operators apply pesticides as a part of their job for a federal, state, county, or municipal job. Required exams: Core and category

*Each applicant needs to have a different email address

Public Operator

Agency:

Division/Department:

Street Address:

City:

State:

Zip Code:

County:

Phone Number:

Choose up to 5 exams to take during this session:

1. 2. 3.

4.

5.

Right click, select **SAVE AS**, and save this form as a PDF. Please DO NOT PRINT and then save. Completed forms should be emailed as an attachment to PesticideExams@ncagr.gov