APPLICATION FOR STRUCTURAL PEST CONTROL REGISTERED TECHNICIAN CARD

NORTH CAROLINA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES
STRUCTURAL PEST CONTROL & PESTICIDES DIVISION
1090 MAIL SERVICE CENTER, RALEIGH NC 27699-1090
(984) 236 - 4625, Option 4

The applicant(s) is required to work under the supervision of an ACTIVE Licensee or Non-Commercial Certified Applicator. If not, **STOP HERE;** the applicant is not eligible. Employees must be registered within 75 days of employment.

Lost/Duplicate Card Fee $5.00 **New/Transfer Card Fee $40.00**

APPLICANT #1

Previously been issued NCDA&CS RT Card?	☐ Yes	☐ No	Previous File #: _____
Completed 24 hours of on the job training in applicable phase(s)?	☐ Yes	☐ No*	
Completed Registered Technician Workbook?	☐ Yes	☐ No*	
Registered Technician School Attendance date(s):	☐ Yes	☐ No*	Training Dates: _____

Attach RT completion Certificate to this submission

Enter the **FULL LEGAL 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

Previously been issued NCDA&CS RT Card?	☐ Yes	☐ No	Previous File #: _____
Completed 24 hours of on the job training in applicable phase(s)?	☐ Yes	☐ No*	
Completed Registered Technician Workbook?	☐ Yes	☐ No*	
Registered Technician Attendance date(s):	☐ Yes	☐ No*	Training Dates: _____

Attach RT completion Certificate to this submission

Enter the **FULL LEGAL 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:	

**** If you answered "No" to any of these questions, the applicant is NOT eligible for an NCDA&CS Registered Card***

TOTAL AMOUNT ENCLOSED: _____

BUSINESS INFORMATION

Company Name: _____ County: _____ Phone Number _____

Office Address: _____
(PO Box/Street Address, 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. StructuralPest 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.

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

Printed Name: _____ **Credential #:** _____
(Licensee or Non-Commercial Certified Applicator)

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