

# 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**

<b>APPLICANT #1</b>	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*	Training Dates: _____	
	Registered Technician School Attendance date(s): <i>Attach RT completion Certificate to this submission</i>	Yes	No*		
Enter the <b>FULL LEGAL NAME</b> 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:

<b>APPLICANT #2</b>	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*	Training Dates: _____	
	Registered Technician Attendance date(s): <i>Attach RT completion Certificate to this submission</i>	Yes	No*		
Enter the <b>FULL LEGAL NAME</b> 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. Structural Pest 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)