

North Carolina Department of Agriculture and Consumer Services

Structural Pest Control & Pesticides Division

1090 Mail Service Center

Raleigh, North Carolina 27699-1090

Branch Office Registration Form

(Type of Print in Ink)

Licensee Information:

** The street address must be a legitimate, home office location where pest control activities are originated from. It cannot be a post office mailbox, storage facility, or any other nondescript location.*

Licensee		License No.	Cell Phone No.	
Company Name			Direct Office Telephone No. <i>(not call center)</i>	
Address of Licensee's Home Office (street or RFD)*			Facsimile No.	
P.O. Box		Licensee Primary Residence Street Address		
City		Licensee Primary Residence City		
State	Zip code	Licensee Primary Residence State	Primary Residence Zip code	

Branch Office Information:

** The street address must be a legitimate, home office location where pest control activities are originated from. It cannot be a post office mailbox, storage facility, or any other nondescript location.*

Location of Office (Street address)*			Mailing address (if different from location information)	
Suite or Office No.			City	
City			State	Zip code
State	Zip code	Distance, in miles, from primary residence:	Direct Office Telephone No. <i>(not call center)</i>	
Location at which records and pesticides will be maintained (Check one)			Home Office <input type="checkbox"/>	Branch Office <input type="checkbox"/>

Designated Certified applicator(s): (list all if more than one)

Name	Certification No.
Name	Certification No.
Name	Certification No.

Employees working from branch office:

Name	CA or RT Card No.	Name	CA or RT Card No.

I hereby certify that the above information is true and correct.

Licensee's Signature:	Date:
-----------------------	-------