INSTRUCTIONS FOR COMPLETING THE CERTIFIED APPLICATOR'S CARD APPLICATION

APPLICANT INFORMATION

Complete all personal information for the applicant. Be sure to include the *Job Title*.

COMPANY / EMPLOYER INFORMATION

The company's name and address with which you are currently employed. For commercial Certified Applicator this will be a pest control company. For non-commercial CAs, the company name may not be a pest control company. For unemployed CAs, leave this information blank.

CERTIFIED APPLICATOR CARD INFORMATION

Check the appropriate box: New Card, New Phase added to existing card, Replacement of a lost card, Address Change, Transfer of Card from one employer to another, or Reciprocal Card (through proof of KY, SC, TN, VA credential). Reciprocal applications must include photocopy of entire KY, SC, TN, or VA credential (front & back). All commercial certified applicator applications must be signed by the licensee.

Check the box for the phase(s) to be included or added to the card. Include the test date(s) if known.

The Division issues certified applicator's cards in three types:

Commercial: Individuals working under the supervision of a licensee and charging a fee for the pest control services they perform.

Noncommercial: Individuals that are employed by a company (that is not a pest control company) who performs their company's pest control services. Noncommercial individuals cannot hire themselves out or trade pest control services.

Unemployed: Individuals that are not currently engaged in the pest control business, but want to maintain their certification.

LICENSEE INFORMATION

This section applies only to a certified applicator employed with a person holding a structural pest control license.

RESIDENT AGENT INFORMATION

This section applies only to a certified applicator that resides outside of North Carolina. The resident agent should be located at the home office location of the licensee or, for a noncommercial CA, at the company location in North Carolina.

FEES SUBMITTED

Fees required are listed on the front of the form. Be sure to indicate the amount paid and to include your check or other form of payment with the application. Applications received without payment will be returned. Mail applications with fees to:

NC Department of Agriculture
Structural Pest Control & Pesticide Division
1090 Mail Service Center
Raleigh, NC 27699-1090

BRANCH OFFICE INFORMATION

This information is required ONLY if the certified applicator is to be the designated certified applicator in a branch office location other than the LICENSEE'S home office. The term Home Office means the office to which the employing LICENSEE'S license is assigned NOT the corporate office.

APPLICANT, EMPLOYER AND RESIDENT AGENT CERTIFICATION

All applicable individuals must sign the application. Unsigned applications will be returned.

NORTH CAROLINA DEPARTMENT OF AGRICULTURE & CONSUMER SERVICES
STRUCTURAL PEST CONTROL DIVISION, 1090 Mail Service Center, Raleigh, NC 27699

APPLICATION FOR STRUCTURAL PEST CONTROL CERTIFIED APPLICATOR'S CARD

(Type or Print in Ink)

APPLICANT INFORMATION

Applicant's Legal Name:				Social Security Number:	
Home Address:				Job Title:	
City	State	Zip	Cell Phone Number:	E-Mail Address	
Date of Birth:	Height	Weight	Hair Color	Eye Color	

BUSINESS/EMPLOYER INFORMATION

Company Name:				Direct Telephone Number (not call center):			
Physical Address				Mailing address (if different from street address)			
City	State	Zip	County	City	State	Zip	County

CERTIFIED APPLICATOR CARD INFORMATION

This application is for: (Check the applicable box. **For transfers, indicate the last day of employment with previous employer**):

- ◉ New CA card
- ○ Add CA phase
- ○ Replacement card
- ○ Address change
- ○ Transfer card to new employer (Effective date) _____
- ○ Reciprocal card (State) _____
- ○ Recertify expired CA card

Check certification phase(s) and card type for which application is being made (see instructions on back):

- ☐ **C** (Core Exam) _____ Test Date
- ☐ **P** (Household Pest) _____ Test Date
- ☐ **W** (Wood-Destroying Organism) _____ Test Date
- ☐ **F** (Fumigation) _____ Test Date

Select:
- ○ Commercial
- ○ Non-Commercial
- ○ Unemployed

LICENSEE INFORMATION (FOR COMMERCIAL CERTIFIED APPLICATORS ONLY)

Licensee's Name	Licensee's Signature	License Number

RESIDENT AGENT INFORMATION

If you are not a resident of North Carolina you must designate a resident agent. The resident agent's address must be the same as the company address.

Resident Agent's Name:			Cell Phone Number:
Address:			
City	State	Zip	County

FEES SUBMITTED

The fee for a **new** Certified Applicator Card is $50.00	The fee for a transfer, duplicate or new phase is $5.00	Enter total fee enclosed:

BRANCH OFFICE INFORMATION

This information is required **only** if the CA is the Designated Certified Applicator in a Branch Office other than the licensee home office. The licensee must also register the Branch Office on the *Branch Office Registration Form*.

Company Name:		Direct Telephone Number (not call center):
Street Address	Mailing address (if different from street address)	

APPLICANT, EMPLOYER AND RESIDENT AGENT CERTIFICATION

I hereby certify that the information given in this application is true and correct.

Signature of Applicant:	Date:
Signature of Licensee (commercial) or Employer (noncommercial only):	Date:
Signature of Resident Agent (**required** if applicable):	Date: