



Form 1A

NORTH CAROLINA REGISTRATION NUMBER REQUEST FORM

(Manufacturer's Information Only)

Date: _____

Name of Manufacturer: _____

Facility Address: _____

(City, State, Zip Code, Country)

Federal Tax ID Number/EIN: _____

International Manufacturer: Country Tax Number: _____

Contact person _____

Telephone Number: _____ FAX Number: _____

Email Address: _____

Mailing Address: Sleep Products Section
NCDA&CS, Structural Pest Control & Pesticides Division
1631 Mail Service Center
Raleigh, North Carolina 27699-1631

Overnight / On-site deliveries mail to:

Sleep Products Section
NCDA&CS, Structural Pest Control & Pesticides Division
4110 Reedy Creek Road
Raleigh, North Carolina 27607