



Examination Preregistration Form

North Carolina Department of Agriculture & Consumer Services
 Structural Pest Control & Pesticides Division
 1090 Mail Service Center, Raleigh, NC 27699-1090
 Phone: 919-733-6100 E-mail: structuralexams@ncagr.gov

*Please note that all fields are required.

Section 1: Applicant Information			
Applicant's Name:		Social Security Number:	
Home Address:		Phone:	
City:	State:	Zip:	County:
E-Mail:			
Section 2: Applicant History			
Are you currently licensed in North Carolina?		<input type="checkbox"/> No <input type="checkbox"/> Yes – Lic. Number:	
Are you currently certified in North Carolina?		<input type="checkbox"/> No <input type="checkbox"/> Yes – C.A. Number:	
Have you failed any examinations within the past twelve (12) months? <input type="checkbox"/> No <input type="checkbox"/> Yes			
<small>*An applicant who fails to pass the second license examination shall wait a minimum of one examination between each subsequent examination-02 NCAC 32 .0302 (d) (2)- NC SPC Regulations*</small>			
If Yes, date last examination taken (if known):			
Section 3: Company Information			
Business Name:		Phone:	
Address:		E-mail:	
City:	State:	Zip:	County:
Section 4: Examination Information			
Type of Exam:			
<input type="checkbox"/> License <input type="checkbox"/> Certification <input type="checkbox"/> Recertification			
Exam Phase: (check all that apply)			
<input type="checkbox"/> C ore <input type="checkbox"/> P est <input type="checkbox"/> W ood <input type="checkbox"/> F umigation			
Date applying to take examination:			
Location of Examination:			
Applicant's Signature:			Date: