

**North Carolina Department of
Agriculture and Consumer
Services
Structural Pest Control & Pesticides Division**

**APPLICATION FOR
CONTINUING CERTIFICATION
UNITS (CCU'S)**

Application for structural pest control CCU's should include:

- all sections of application appropriately marked.
- resume or detailed outline of structural pest control education, work, or training experience.
- comprehensive outline of training course or program.
- visual training aids, i.e., video tape(s), overheads, slides (or narrative script of slides), or presentation handouts.
- signature of trainer.

Return application to:

Certification & Training Coordinator
North Carolina Dept of Agriculture
And Consumer Services
Structural Pest Control &
Pesticides Division
1090 Mail Service Center
Raleigh, NC 27699-1090
Phone: 919/733-6100

CCU's are awarded by the **Structural Pest Control Committee** upon satisfactory completion of one clock hour of instruction in a course approved by the *Structural Pest Control & Pesticides Division (SPCPD)*. Only whole hour CCU's are assigned.

Return application to the SPCPD at least 30 days prior to the date of training.

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|---|----|--|--|---|--|
| Date of application: | | Name of trainer: | | | |
| Phone #: | | Name and address of training agency: | | | |
| Fax #: | | | | | |
| Title of course or program: | | | Course renewal? <input type="checkbox"/> YES <input type="checkbox"/> NO Previous course ID # _____ | | |
| Name and phone number of person responsible for submitting course attendance verification form(s) to SPCD: | | | | | |
| Training date(s) / location(s): | | The recertification training course/program will contain the following general standards for certification of pesticide applicators (check appropriate categories) | | | |
| | | <input type="checkbox"/> LABEL & LABELING COMPREHENSION | | <input type="checkbox"/> PESTICIDES | |
| | | <input type="checkbox"/> SAFETY | | <input type="checkbox"/> PESTICIDE EQUIPMENT | |
| | | <input type="checkbox"/> ENVIRONMENT | | <input type="checkbox"/> APPLICATION TECHNIQUES | |
| | | <input type="checkbox"/> PESTS | | <input type="checkbox"/> LAWS & REGULATIONS | |
| This course is intended for pesticide applicator training in the following structural pest control phases: (check one or more) | | Length of training: | Number of CCU's expected: | CCU'S AWARDED | CCU'S AWARDED |
| <input type="checkbox"/> Household Pest Control (P) | | P _____ | P-phase | <input type="checkbox"/> VA _____ | <input type="checkbox"/> KY _____ |
| <input type="checkbox"/> Wood-Destroying Organisms (W) | | W _____ | W-phase | <input type="checkbox"/> SC _____ | <input type="checkbox"/> TN _____ |
| <input type="checkbox"/> Fumigation (F) | | F _____ | F-phase | <input type="checkbox"/> GA _____ | <input type="checkbox"/> _____ (other) |
| I understand that it is my responsibility in providing approved North Carolina structural pest control recertification training to duplicate and to maintain a record of course attendance for 5 (five) years from the date of presentation. | | | | | |
| Signature of trainer: | | Resume attached: <input type="radio"/> Yes <input type="checkbox"/> No | | Course outline attached: <input type="radio"/> Yes <input type="checkbox"/> No | |
| Did you include video tapes, slides, overheads, or presentation handouts with this application? | | | | <input type="radio"/> Yes <input type="checkbox"/> No | |
| Do you require visual training aids be returned? | | | | <input type="radio"/> Yes <input type="checkbox"/> No | |
| OFFICE USE ONLY | | | | | |
| RCVD | FY | APPR | CRS # | CCU'S P | W F G |

