

**NORTH CAROLINA DEPARTMENT OF AGRICULTURE & CONSUMER SERVICES**  
**STRUCTURAL PEST CONTROL & PESTICIDES DIVISION**  
 1090 MAIL SERVICE CENTER  
 RALEIGH, NORTH CAROLINA 27699-1090

**APPLICATION FOR STRUCTURAL PEST CONTROL LICENSE**  
 (Type or Print in Ink)

APPLICANT INFORMATION										
Applicant's Name: <div style="background-color: #cccccc; height: 15px; width: 100%;"></div>						Social Security Number: <div style="background-color: #cccccc; height: 15px; width: 100%;"></div>				
Home Address: <div style="background-color: #cccccc; height: 15px; width: 100%;"></div>						Job Title: <div style="background-color: #cccccc; height: 15px; width: 100%;"></div>				
City: <div style="background-color: #cccccc; height: 15px; width: 100%;"></div>		State: <div style="background-color: #cccccc; height: 15px; width: 100%;"></div>	Zip: <div style="background-color: #cccccc; height: 15px; width: 100%;"></div>		Telephone #: <div style="background-color: #cccccc; height: 15px; width: 100%;"></div>		E-Mail Address: <div style="background-color: #cccccc; height: 15px; width: 100%;"></div>			
COMPANY INFORMATION										
Company Name: <div style="background-color: #cccccc; height: 15px; width: 100%;"></div>						County: <div style="background-color: #cccccc; height: 15px; width: 100%;"></div>				
Street Address: <div style="background-color: #cccccc; height: 15px; width: 100%;"></div>					Mailing address (if different from street address): <div style="background-color: #cccccc; height: 15px; width: 100%;"></div>					
City: <div style="background-color: #cccccc; height: 15px; width: 100%;"></div>		State: <div style="background-color: #cccccc; height: 15px; width: 100%;"></div>	Zip: <div style="background-color: #cccccc; height: 15px; width: 100%;"></div>	County: <div style="background-color: #cccccc; height: 15px; width: 100%;"></div>		City: <div style="background-color: #cccccc; height: 15px; width: 100%;"></div>		State: <div style="background-color: #cccccc; height: 15px; width: 100%;"></div>	Zip: <div style="background-color: #cccccc; height: 15px; width: 100%;"></div>	County: <div style="background-color: #cccccc; height: 15px; width: 100%;"></div>
Telephone Number: <div style="background-color: #cccccc; height: 15px; width: 100%;"></div>			Fax Number (if applicable): <div style="background-color: #cccccc; height: 15px; width: 100%;"></div>			800 Number(if applicable): <div style="background-color: #cccccc; height: 15px; width: 100%;"></div>				
LICENSE INFORMATION										
This application is for a: (Check the applicable box. <b>For transfers, indicate the last date of employment with the previous employer.</b> ):				New License: <input type="checkbox"/>	New License Phase: <input type="checkbox"/>	Transfer of License: <input type="checkbox"/> (date of transfer)		Replacement License <input type="checkbox"/>	Address Change <input type="checkbox"/>	
Check license phases for which application is being made:				<b>P</b> (Household Pest) <input type="checkbox"/>	<b>W</b> (Wood-Destroying Organism) <input type="checkbox"/>		<b>F</b> (Fumigation) <input type="checkbox"/>			
Indicate the status in which the license is to be issued: (If inactive, you will not receive a license certificate at this time.)						Active <input type="checkbox"/>		Inactive <input type="checkbox"/>		
EMPLOYEE INFORMATION										
Indicate the number of employees who will perform structural pest control under the license, not including you or clerical employees.									<div style="background-color: #cccccc; height: 15px; width: 100%;"></div>	
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: <div style="background-color: #cccccc; height: 15px; width: 100%;"></div>						Telephone Number: <div style="background-color: #cccccc; height: 15px; width: 100%;"></div>				
Address: <div style="background-color: #cccccc; height: 15px; width: 100%;"></div>										
City: <div style="background-color: #cccccc; height: 15px; width: 100%;"></div>			State: <div style="background-color: #cccccc; height: 15px; width: 100%;"></div>	Zip: <div style="background-color: #cccccc; height: 15px; width: 100%;"></div>		County: <div style="background-color: #cccccc; height: 15px; width: 100%;"></div>				
FEES SUBMITTED										
Fees for a <b>new</b> license are: One phase: \$200.00 Two phases: \$275.00 Three phases: \$350.00		Fee to add a phase is: \$75.00 for each phase.		Fee for a license transfer or replacement is \$10.00			Enter total fee enclosed: <div style="background-color: #cccccc; height: 15px; width: 100%;"></div>			
INSURANCE INFORMATION										
The license can not be issued without proof of insurance. Proof of insurance as required by G.S. 106-65.37 and 2 NCAC 34 .0902 must include a pollution and contamination endorsement clause. Insurance certificates are accepted from the insurance company only.										
APPLICANT AND RESIDENT AGENT CERTIFICATION										
<b>I hereby certify that the information given in this application is true and correct.</b>										
Signature of License Applicant: _____					Date: _____					
Signature of Resident Agent: (required if applicable): _____					Date: _____					

## **INSTRUCTIONS FOR COMPLETING THE LICENSE APPLICATION**

### **APPLICANT INFORMATION**

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

### **COMPANY INFORMATION**

The company name and address of the company with which you are currently employed.

### **LICENSE INFORMATION**

Check the appropriate box for New License, New Phase added to existing license, Transfer of License from one employer to another, or Replacement of a lost license.

Check the box for the phase(s) to be included or added to the license.

### **EMPLOYEE INFORMATION**

Indicate the number of employees who will perform structural pest control under your license. Do not include yourself or clerical staff.

### **RESIDENT AGENT INFORMATION**

This section applies only to licensees that reside outside of North Carolina. The resident agent should be located at the home office location of the licensee 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.

### **INSURANCE INFORMATION**

The license will not be issued without proof of insurance. It is always best to include the Certificate of Insurance with the license application. For applications other than new licenses, be sure your insurance information is current: not expired, issued in the company name indicated on the application, etc.

### **APPLICANT AND RESIDENT AGENT CERTIFICATION**

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