NORTH CAROLINA DEPARTMENT OF AGRICULTURE AND
   CONSUMER SERVICES
STRUCTURAL PEST CONTROL & PESTICIDES DIVISION
1090 MAIL SERVICE CENTER
RALEIGH, NC 27699-1090
Phone (919) 733-6100   FAX (919) 733-0633

Registered Technician School

APPLICATION FOR ENROLLMENT

Enrollment Policy

● Enrollment in the **Registered Technician (RT) School** begins by completing an *Application for Enrollment*.

● The number of applicants enrolled at any particular **RT School** is limited by the size of the training classroom. The applicant is either enrolled immediately, or if there is no space available, s/he is placed on a waiting list for the next preferred **RT School** location. A minimum enrollment of five (5) students at each school is required, otherwise the school may be cancelled.

● Individuals must register for a **RT School** at least 10 days prior to the date of the **School.** A $25.00 enrollment fee payable to NCDA&CS must be submitted with the *Application for Enrollment.* **Do not combine School fees with other Division administrative fees.**

● Applicants who desire to cancel enrollment at a **RT School** <u>must</u>: a) notify the **Structural Pest Control & Pesticides Division** at least seven (7) days prior to the date of the school, **and**, b) return the *NCCES Training Manuals to the Structural Pest Control & Pesticides Division* in their original, unmarked condition to be eligible for a refund of the enrollment fee. No reimbursement will be made if cancellation occurs within 7 days of the **RT School**, or if the registrant fails to attend.

● Forfeited fees **may not** be applied or transferred for enrollment to other **RT Schools**. Substitutions of applicants will be accepted in most cases provided notification is made to the Division.

● Upon completion of **School**, eligible applicants **must** apply for the issuance of a registered technician identification card within 75 days of hire.

● Incorrect information may invalidate an *Application for enrollment.*

Applicant Information (Print or Type)

Last Name   First Name   Middle Initial

Social Security No.   Date of Employment

Employer Information (Print or Type)

Licensee or Certified Applicator   License/CA No.

Company Name   Phone No.

Street Address   Fax No.
Please check here if you need a workbook. The applicant <u>will not</u> be admitted to the School without a completed workbook.

Post Office Box (if applicable)

City   State   Zip Code

Registered Technician School Preference (Print or Type)

Location of School (First Preference)   Date

Location of School (Second Preference)   Date

I certify that this employee has completed the Registered Technician Training Program *Introductory Training Workbook* and 24 hours of on-the-job training.

Signature of Applicant   Signature of Employer (Lic. or CA)   Date

Revised April, 2007