

NORTH CAROLINA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES
FORM #4 STEVE TROXLER, COMMISSIONER
 APPLICATION FOR LICENSE/CERTIFICATE (NEW) **2014**

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| 033 | Type: 033 Public Operator (Utility) <u>TO BE ADDED</u> | 12/31/2014 Expiration Date |
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| <p>◆ Since you have passed your pesticide exam, you are eligible to be licensed ◆</p> <p>Instructions:</p> <ul style="list-style-type: none"> ● The information that you provide will be used to prepare your certification card. ● Provide your name, address, phone, county, & social security number(Required) ● Sign on the line at the bottom of the page after reading the attestation statement. (Required) ● Provide your exam serial number(s) ● Application should be returned with a check or money order in the amount of \$75.00 made payable to NCDA&CS. PLEASE DO NOT SEND CASH. | <p>Please return this application with fee to:</p> <p>NCDA&CS Structural Pest Control & Pesticides Division Licensing Unit 1090 Mail Service Center Raleigh, NC 27699-1090 Phone: (919) 733-3556</p> |
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| Name: | | | |
| Company Name: | | | |
| Address: | | | |
| Address: | | | |
| City: | State | Zip Code | |
| Phone (Home): | Phone (Work): | | |
| Email Address: | | | |
| County: | Social Security Number: | | |
| Exam Serial Number(s): | | | |
| Exam Date: | | | |

SIGNATURE REQUIRED

X

APPLICANT'S SIGNATURE

No application is accepted unless signed by the applicant and accompanied by full payment.

FEE: \$75.00

Check or money order made payable to NCDA&CS.

FOR OFFICIAL USE ONLY. DO NOT WRITE IN THIS BOX

LType:

Certification Expires:

FNum:

Receipt#: