

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

Contact Information Update Form

Please use this form to update the contact information for your NC Pesticide License.

License Holder:

First Name

Last Name

License Type: **required*

License Number: **required*

Phone Number:

Area Code

- _____
Phone Number

Email Address:

licenseholder@example.com

Business Name:

Address:

Street Address

Street Address Line 2

City

State

County

Zip Code

TO SUBMIT THIS FORM

Right click, select **SAVE AS**, and save this form as a PDF. Please **DO NOT PRINT** and then save.
Completed forms should be emailed as an attachment to PestLicAdmin@ncagr.gov