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

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Character because the description of the descriptio					
 Since you have passed your pesticide exam(s), you are eligible to be licensed * Instructions: The information that you provide will be used to prepare your certification card. Provide your name, address, phone, county, & social security number. Sign on the line at the bottom of the page. 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. 		Please return this application with fee to: NCDA&CS Structural Pest Control & Pesticides Division Licensing Unit 1090 Mail Service Center Raleigh, NC 27699-1090 Phone: (919) 733-3556			
Name:					
Company Name:					
Address:					
Address:					
City:		State	Zi	p Code	
Phone (Home):		Phone (w	ork):		
County:	Social Security Number:				
E-mail:					
Tested Online Tested in Person					
SIGNATURE REQUIRED No application is accepted unles applicant and accompanied by					

For training opportunities, contact your local Cooperative Extension or visit our website: www.ncagr.gov/SPCAP/pesticides

APPLICANT'S SIGNATURE

DO NOT email form.

FEE: \$75.00

Check or money order made payable to NCDA&CS.

You MUST mail in the form with a check or money order