

**NORTH CAROLINA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES**  
**FORM #5**                      **STEVE TROXLER, COMMISSIONER**  
**APPLICATION FOR LICENSE/CERTIFICATE (NEW)**

|            |   |  |
|------------|---|--|
| <b>028</b> | Type: 028 Aerial Applicator (Contractor)<br><b><u>TO BE ADDED</u></b> |  |
|------------|---|--|

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| <p>◆ <b>Since you have passed your pesticide exam(s), you are eligible to be licensed</b> ◆</p> <p><b>Instructions:</b></p> <ul style="list-style-type: none"> <li>● The information that you provide will be used to prepare your certification card.</li> <li>● Provide your name, address, phone, county, &amp; social security number.</li> <li>● Sign on the line at the bottom of the page.</li> <li>● Application should be returned with a check or money order in the amount of \$75.00 made payable to NCDA&amp;CS. PLEASE DO NOT SEND CASH.</li> </ul> | <p>Please return this application with fee to:</p> <p><b>NCDA&amp;CS</b><br/> <b>Structural Pest Control &amp; Pesticides Division</b><br/> <b>Licensing Unit</b><br/> <b>1090 Mail Service Center</b><br/> <b>Raleigh, NC 27699-1090</b><br/> <b>Phone: (919) 733-3556</b></p> |
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|               |  |                         |  |
|---------------|--|-------------------------|--|
| Name:         |  |                         |  |
| Company Name: |  |                         |  |
| Address:      |  |                         |  |
| Address:      |  |                         |  |
| City:         |  | State:                  |  |
|               |  | Zip Code:               |  |
| Phone (Home): |  | Phone (Work):           |  |
| County:       |  | Social Security Number: |  |
| E-mail:       |  |                         |  |

**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 training opportunities, contact your local Cooperative Extension or visit our website: [www.ncagr.gov/SPCAP/pesticides](http://www.ncagr.gov/SPCAP/pesticides)

**DO NOT** email form.

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

**NORTH CAROLINA DEPARTMENT OF AGRICULTURE**  
**Structural Pest Control and Pesticides Division**  
**1090 Mail Service Center**  
**Raleigh, NC 27699-1090**

**APPLICATION FOR AERIAL PESTICIDE CONTRACTOR LICENSE**

Please Print

Have you ever been issued a NC Pesticide License? \_\_\_\_\_ License No. \_\_\_\_\_

A. Applicant's Name: \_\_\_\_\_  
Last First Initial

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip Code

Business Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Business Mailing Address \_\_\_\_\_  
Street or PO Box City State Zip Code

Physical Address if different \_\_\_\_\_  
Street City State Zip Code

B. FAA Agricultural Operator's Certificate number \_\_\_\_\_ or FAA 137 Exemption Certificate number \_\_\_\_\_

Date issued \_\_\_\_\_

Name under which issued \_\_\_\_\_

District office issued by \_\_\_\_\_

C. Aircraft operated in North Carolina (use reverse side if necessary)

Make \_\_\_\_\_ FFA Registration No. \_\_\_\_\_

Make \_\_\_\_\_ FFA Registration No. \_\_\_\_\_

The annual fee for a Pesticide Applicator License (Contractor) is **\$75.00**. In addition, an annual inspection fee of **\$25.00** is required for each plane operated in North Carolina.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Email Address \_\_\_\_\_

Social Security Number \_\_\_\_\_

Driver's License and State: \_\_\_\_\_

|                                |
|--------------------------------|
| <b>NCDA &amp; CS USE ONLY:</b> |
| SCORES:                        |