

NORTH CAROLINA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES

STEVE TROXLER, COMMISSIONER

FORM#8

APPLICATION FOR LICENSE/CERTIFICATE RENEWAL

038	Type: 038 PRIVATE PESTICIDE APPLICATOR TO BE ADDED	
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<p>Instructions: The information that you provide will be used to prepare your certification card.</p> <ul style="list-style-type: none"> • Since you have passed your pesticide exam, you are eligible to be certified. • Provide your county and phone number. • Provide the farm name and farm mailing address. • Sign on the line at the bottom of the page after reading the attestation statement. • Answer the questions below as thoroughly as possible. • Application should be returned with a check or money order in the amount of \$10.00 made payable to NCDA&CS. PLEASE DO NOT SEND CASH. 	<p>Mail To: 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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Applicator:	Farm Name:
Mail Address:	Physical Address:
City: State: Zip Code:	City: State: Zip Code:
Date of Birth:	Home Phone:
Email:	Farm Phone:
Social Security # - -	County:

For the Farm listed above do you serve as the: (please mark in the appropriate box)			
Owner	<input type="checkbox"/>	Employee	<input type="checkbox"/>
Other (manager, family member, etc.)	<input type="checkbox"/>		<input type="checkbox"/>
Crops Grown: List crops grown(to which you apply pesticides) and the approximate acreage of the top three crops(in NC)			
Crop 1:		Crop 2:	
Acreage:		Acreage:	
Do you or your employer own or operate a farm, greenhouse, nursery, or timber production establishment in any other State?			Yes <input type="checkbox"/>
If yes, which other state(s)?:			No <input type="checkbox"/>
Certification: Have you ever been certified, or are you currently certified, in any other state?			Yes <input type="checkbox"/>
If yes, which other state(s)?:			No <input type="checkbox"/>
Do you or your employer provide housing to any employee(s) other than immediate family?			Yes <input type="checkbox"/>
			No <input type="checkbox"/>

Tested Online Tested in Person

ATTESTATION (Please Read & Sign Below):

By signing below, I hereby confirm that I am a producer of an agricultural commodity and that I understand my legal responsibilities for pesticide use in accordance with product labels and for direct supervision of all individuals making pesticide applications under my certification.

SIGNATURE REQUIRED

Fee: \$10.00

X

 APPLICANT'S SIGNATURE

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

DO NOT email form.

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