

NORTH CAROLINA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES

*STRUCTURAL PEST CONTROL & PESTICIDES DIVISION
1090 MAIL SERVICE CENTER, RALEIGH NC 27699-1090*

**APPLICATION FOR STRUCTURAL PEST CONTROL
REGISTERED TECHNICIAN CARD**

BEFORE YOU BEGIN: Answer questions 1-5 for each employee/applicant. Check Yes or No and enter the required dates. Do NOT submit this application for employees who are not eligible. Employees must be registered within 75 days of employment.

QUESTION	ANSWER	
1. Has applicant(s) completed the introductory training workbook and 24 hours of on-the-job training in the applicable phases?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, then STOP HERE . The applicant is not eligible. Do NOT submit at this time. Introductory training is required.
2. Has the applicant(s) attended the Registered Technician School or approved equivalent training?	<input type="checkbox"/> Yes <input type="checkbox"/> No Enter Training Date(s): ____/____/____ ____/____/____ Attach the certificate(s) to this form.	If no, then STOP HERE . The applicant is not eligible. Do NOT submit at this time. The training must be completed before the employee(s)/applicant(s) can apply.
3. Has applicant ever had an NCDA&CS Registered Technician or Certified Applicator before?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, enter the previous license/file number(s) here: _____	

The applicant(s) is required to work under the supervision of an **ACTIVE** Licensee or Non-Commercial Certified Applicator. **If not, STOP HERE. The applicant is not eligible.**

APPLICANT #1 LOST, STOLEN, OR DUPLICATE CARD FEE: \$5.00 ALL OTHER FEES: \$40.00

Enter the FULL NAME of Employee/Applicant:		Social Security Number:		Hire Date:	
Home Address:		City:		State:	Zip Code:
Date of Birth:	Height:	Weight:	Hair Color:	Eye Color:	Job Title:

APPLICANT #2 LOST, STOLEN, OR DUPLICATE CARD FEE: \$5.00 ALL OTHER FEES: \$40.00

Enter the FULL NAME of Employee/Applicant:		Social Security Number:		Hire Date:	
Home Address:		City:		State:	Zip Code:
Date of Birth:	Height:	Weight:	Hair Color:	Eye Color:	Job Title:

TOTAL AMOUNT ENCLOSED: _____

(Type or Print In Ink)

BUSINESS INFORMATION

Application is hereby made for Registered Technician Identification Card(s) for the above employee(s) working under the supervision of:

Printed Name: _____ **License or Non-Commercial CA Credential #:** _____
(Licensee or Non-Commercial Certified Applicator)

Company Name: _____ County: _____ Phone Number (____) _____

Office Address: _____
(Street Address) (Mail/P.O. Box) (City) (State) (Zip Code)

I hereby certify that none of the employees listed above have, within 3 years of the date of this application, been convicted of, plead guilty or nolo contendere, or forfeited bond, in any state or federal court for a felony or any violation of the N.C. Structural Pest Control Law or to any regulation promulgated by the N.C. Structural Pest Control Committee. In addition, I certify that the above employee(s) have received the required training prescribed by the Structural Pest Control Committee for all registered technicians' identification cards applicants as provided in G.S. 106-65.29.

Signature: _____ Date: ____/____/____
(Licensee or Non-Commercial Certified Applicator)