North Carolina Bedding Sanitizer/ Renovator License – Renewal Application

Sleep Products Section
Structural Pest Control & Pesticide
North Carolina Department of Agriculture & Consumer Services
Phone: 919-733-3556 FAX 919-715-9023
http://www.ncagr.gov/SPCAP/sleep/

NC General Statues, Chapter 106 Article 4H Bedding
02 NCAC Chapter 61 Sanitation of Bedding

APPLICATION DUE BEFORE FEBRUARY 28TH **NCL#**

Applying for Year	**2025**	*A separate license is required for each dry heat unit and/or chemical applicator	
Sanitizer / Renovator's Business Name			Registration Number
Facility Address			
City, State, Zip Code			County
Contact Person			
Mailing Address			
Telephone/ Cell Number		Fax Number	E-mail
Method of Sanitizing: ☐ Dry Heat ☐ Chemical		Name of Person or Persons Applying Chemical:	Other (please specify):

INSTRUCTIONS: Answer the following questions about your business volume in North Carolina for the previous calendar year, to calculate the fee due for this year's sanitizer license.

1. Enter the number of pillows and decorative pillows sanitized/ renovated.	1	
2. Enter the number of comforters sanitized/renovated	2	
3. Add boxes 1 and 2. Put the total here.	3	
4. Divide the total in box 3 by the number 5 (five). If this results in a fraction, round it off to the next highest number. Put the result here.	4	
5. Enter the number of mattresses and upholstered springs sanitized.	5	
6. Enter the number of sleeping bags sanitized/ renovated.	6	
7. Enter the number of sleeping pads sanitized/ renovated	7	
8. Enter the number of cushions sanitized/renovated.	8	
9. Enter the number of padded or stuffed items designed to be commonly used for reclining or sleeping, including studio couches and sofa beds, which were sanitized/ renovated.	9	
10. Add boxes 4 through 9. Put the total here.	10	
11. Multiply the total in box 10 by 0.052 and put result here.	11	
12. If the amount in box 11 is greater than $50.00, place the amount in box 12. Enter $50.00 if the amount in box 11 is equal to or less than $50. **Amount Paid**	12	

This is to certify that I have examined this application and have determined that the information contained therein is correct:

Signed: _____ Date: _____
Chief Financial Officer
Name Printed: _____

Chief Financial Officer" means the owner or designated employee with primary booking keeping responsibility for the business that sanitizes bedding in this state and for the business that sells or offers for sale sanitized bedding in this state.

Make checks payable to: NCDACS, Sleep Products Section

Mail check, law label and signed application to:

US Postal Service
Sleep Products Section
NCDA&CS, Structural Pest Control & Pesticides Division
1090 Mail Service Center
Raleigh, North Carolina 27699-1090

OR

Overnight/Express Deliveries
Sleep Products Section
NCDA&CS, Structural Pest Control & Pesticides Division
4400 Reedy Creek Road
Raleigh, North Carolina 27607

PLEASE BE ADVISED THAT A SERVICE CHARGE OF $25.00 WILL BE CHARGED ON ALL RETURNED CHECKS.
For more information contact: Sleep Products Section, Phone: 919-733-3556 or by email **SleepProducts_BackOffice@ncagr.gov**