

**North Carolina Department of Agriculture and Consumer Services**  
**Structural Pest Control & Pesticides Division**  
 1090 Mail Service Center  
 Raleigh, North Carolina 27699-1090

**Branch Office Registration Form**

(Type of Print in Ink)

**Licensee Information:**

|                                                   |                              |               |
|---------------------------------------------------|------------------------------|---------------|
| Licensee                                          |                              | License No.   |
| Company Name                                      |                              | Telephone No. |
| Address of Licensee's Home Office (street or RFD) |                              | Facsimile No. |
| (P.O. Box)                                        | Address of Primary Residence |               |
| (City)                                            | City                         |               |
| (State & zip code)                                | State & zip code             |               |

**Branch Office Information:**

|                                                                         |                                             |                                                          |               |
|-------------------------------------------------------------------------|---------------------------------------------|----------------------------------------------------------|---------------|
| Location of Office (Street address)                                     |                                             | Mailing address (if different from location information) |               |
| (Suite or Office No.)                                                   |                                             | (City)                                                   |               |
| (City)                                                                  |                                             | (State & zip code)                                       |               |
| (State & zip code)                                                      | Distance, in miles, from primary residence: | Telephone No.                                            |               |
| Location at which records and pesticides will be maintained (Check one) |                                             | Home Office                                              | Branch Office |

**Designated Certified applicator(s): (list all if more than one)**

|      |                   |
|------|-------------------|
| Name | Certification No. |
| Name | Certification No. |
| Name | Certification No. |

**Employees working from branch office:**

| Name | CA or RT Card No. | Name | CA or RT Card No. |
|------|-------------------|------|-------------------|
|      |                   |      |                   |
|      |                   |      |                   |
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|      |                   |      |                   |
|      |                   |      |                   |

**I hereby certify that the above information is true and correct.**

|                       |       |
|-----------------------|-------|
| Licensee's Signature: | Date: |
|-----------------------|-------|