

# INSTRUCTIONS FOR COMPLETING THE CERTIFIED APPLICATOR'S CARD APPLICATION

## **APPLICANT INFORMATION**

Complete all personal information for the applicant. Be sure to include the *Job Title*.

## **COMPANY / EMPLOYER INFORMATION**

The company's name and address with which you are currently employed. For commercial Certified Applicator this will be a pest control company. For non-commercial CAs, the company name may not be a pest control company. For unemployed CAs, leave this information blank.

## **CERTIFIED APPLICATOR CARD INFORMATION**

Check the appropriate box: New Card, New Phase added to existing card, Replacement of a lost card, Address Change, Transfer of Card from one employer to another, or Reciprocal Card (through proof of KY, SC, TN, VA credential). Reciprocal applications must include photocopy of entire KY, SC, TN, or VA credential (front & back). All commercial certified applicator applications must be signed by the licensee.

Check the box for the phase(s) to be included or added to the card. Include the test date(s) if known.

The Division issues certified applicator's cards in three types:

Commercial: Individuals working under the supervision of a licensee and charging a fee for the pest control services they perform.

Noncommercial: Individuals that are employed by a company (that is not a pest control company) who performs their company's pest control services. Noncommercial individuals cannot hire themselves out or trade pest control services.

Unemployed: Individuals that are not currently engaged in the pest control business, but want to maintain their certification.

## **LICENSEE INFORMATION**

This section applies only to a certified applicator employed with a person holding a structural pest control license.

## **RESIDENT AGENT INFORMATION**

This section applies only to a certified applicator that resides outside of North Carolina. The resident agent should be located at the home office location of the licensee or, for a noncommercial CA, at the company location in North Carolina.

## **FEES SUBMITTED**

Fees required are listed on the front of the form. Be sure to indicate the amount paid and to include your check or other form of payment with the application. Applications received without payment will be returned. Mail applications with fees to:

NC Department of Agriculture  
Structural Pest Control & Pesticide Division  
1090 Mail Service Center  
Raleigh, NC 27699-1090

## **BRANCH OFFICE INFORMATION**

This information is required ONLY if the certified applicator is to be the designated certified applicator in a branch office location other than the LICENSEE'S home office. The term Home Office means the office to which the employing LICENSEE'S license is assigned NOT the corporate office.

## **APPLICANT, EMPLOYER AND RESIDENT AGENT CERTIFICATION**

All applicable individuals must sign the application. Unsigned applications will be returned.

**NORTH CAROLINA DEPARTMENT OF AGRICULTURE & CONSUMER SERVICES  
STRUCTURAL PEST CONTROL DIVISION, 1090 Mail Service Center, Raleigh, NC 27699  
APPLICATION FOR STRUCTURAL PEST CONTROL CERTIFIED APPLICATOR'S  
CARD**

(Type or Print in Ink)

APPLICANT INFORMATION										
Applicant's Name:					Social Security Number:					
Home Address:					Job Title:					
City		State	Zip	Home Telephone Number:			E-Mail Address			
Date of Birth:		Height		Weight		Hair Color		Eye Color		
BUSINESS/EMPLOYER INFORMATION										
Company Name:					Telephone Number:					
Physical Address					Mailing address (if different from street address)					
City		State	Zip	County		City		State	Zip	County
CERTIFIED APPLICATOR CARD INFORMATION										
This application is for: (Check the applicable box. <b>For transfers, indicate the last day of employment with previous employer</b> ):				New CA card		Address change		Reciprocal card		
				Add CA phase		Transfer card to new employer		(State) _____		
Check certification phase(s) and card type for which application is being made (see instructions on back):				Replacement card		(Effective date) _____				
				P (Household Pest) _____ Test Date		<u>Select:</u> Commercial				
				W (Wood-Destroying Organism) _____ Test Date		Non-Commercial				
F (Fumigation) _____ Test Date						Unemployed				
LICENSEE INFORMATION (FOR COMMERCIAL CERTIFIED APPLICATORS ONLY)										
Licensee's Name				Licensee's Signature				License Number		
RESIDENT AGENT INFORMATION										
If you are not a resident of North Carolina you must designate a resident agent. The resident agent's address must be the same as the company address.										
Resident Agent's Name:						Telephone Number:				
Address:										
City			State		Zip		County			
FEES SUBMITTED										
The fee for a <b>new</b> Certified Applicator Card is \$50.00				The fee for a transfer, duplicate or new phase is \$5.00				Enter total fee enclosed:		
BRANCH OFFICE INFORMATION										
This information is required <b>only</b> if the CA is the Designated Certified Applicator in a Branch Office other than the licensee home office. The licensee must also register the Branch Office on the <i>Branch Office Registration Form</i> .										
Company Name:					Telephone Number:					
Street Address					Mailing address (if different from street address)					
APPLICANT, EMPLOYER AND RESIDENT AGENT CERTIFICATION										
<b>I hereby certify that the information given in this application is true and correct.</b>										
Signature of Applicant:						Date:				
Signature of Licensee (commercial) or Employer (noncommercial only):						Date:				
Signature of Resident Agent ( <b>required</b> if applicable):						Date:				