

Structural Examination Preregistration Form

North Carolina Department of Agriculture & Consumer
Services Structural Pest Control & Pesticides
Division 1090 Mail Service Center,
Raleigh, NC 27699-1090
Phone: 919-733-6100 E-mail: structuralexams@ncagr.gov

Section 1: Applicant Information			
Applicant's Name:		Social Security Number: <i>Will call you if required</i>	
Home Address:		Phone:	
City:	State:	Zip:	County:
E-Mail:			
Section 2: Applicant History			
Are you currently licensed in North Carolina?		<input type="checkbox"/> No <input type="checkbox"/> Yes – Lic. Number:	
Are you currently certified in North Carolina?		<input type="checkbox"/> No <input type="checkbox"/> Yes – C.A. Number:	
Have you failed any examinations within the past twelve (12) months? <input type="checkbox"/> No <input type="checkbox"/> Yes <small>*An applicant who fails to pass the second license examination shall wait a minimum of one examination between each subsequent examination-02 NCAC 32 .0302 (d) (2)- NC SPC Regulations*</small>			
If Yes, date last examination taken (if known):			
Section 3: Company Information			
Business Name:		Phone:	
Address:		E-mail:	
City:	State:	Zip:	County:
Section 4: Exam Type			
<u>Certification:</u> <small>Must have attended an NCDA&CS approved Registered Technician School</small>		Core Pest	Wood Fumigation
<u>License:</u> <small>Must have License Exam application approved prior to registering</small>		Pest Wood	Fumigation
<u>Recertification:</u> <small>If your License or CA Card is within 6 months of expiring, retest on the phase specific exam(s) only. If your License or CA Card has expired within the last 6 months, retest on core and phase specific exams.</small>		Core Pest	Wood Fumigation
Date and Location of Examination you wish to attend?			
Applicant's Signature (electronic or typed is accepted)			Date: