

All persons applying to take the license exam must submit an FBI criminal background check with your application. Here is the procedure.

A) Direct through FBI

- 1) Go to local law enforcement/ sheriff's office. and request a paper Fingerprint Card with your finger prints (There is a fee for finger printing.)
- 2) Open the hyper link; <https://www.fbi.gov/services/cjis/identity-history-summary-checks>
This is the FBI web site for requesting background report online. Use OPTION 1. Once you have placed your request and paid the fee the FBI issues you a confirmation letter (sent to your e-mail). Include your confirmation letter with your finger print card and mail to the FBI office address in Clarksburg, West Virginia.

Note: If you are unable to send your request electronically then skip to Step 5.

- 3) Submit **Finger Print Card** - You will receive a confirmation number from FBI. Place information into an envelope and mail to:

FBI CJIS Division
Attention: Electronic Summary Report
1000 Custer Hollow Rd.
Clarksburg, WV 26306
Phone #: (304) 625 - 5590

- 4) In approximately 5-7 business days, the FBI will email you a copy of your background report. ***Go to Step 7***
- 5) Submit:

Fingerprint Card (from Step 1)
\$18 money order (made out to **Treasurer of the United States**)
Cover letter with - Full Legal Name, Current Address, Phone #, & reason for request

mail to:

FBI Records Request
1000 Custer Hollow Rd.
Clarksburg, WV 26306
Phone #: (304) 625 - 5590

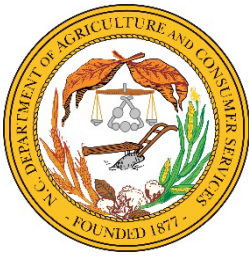
- 6) In approximately 2-6 weeks, you should receive your FBI background report in the mail.
- 7) Mail completed license exam application and FBI background check to address on page 1 of the application.

B) Third party FBI background providers

- 1) Print Scan - FBI Background Check (www.printscan.com)
 - a) No Client Abbreviation
 - b) No Apostille Needed
- 2) Field Print - FBI Criminal RecordHistory Report (www.fieldprintusa.com)

Mail completed license exam application and FBI background check to address on page 1 of the application.

****** FBI background check must be dated within 6 months of receipt of your 9-page license application by our office. ******



NORTH CAROLINA DEPARTMENT OF AGRICULTURE & CONSUMER SERVICES/ STRUCTURAL PEST CONTROL & PESTICIDES DIVISION

1090 MAIL SERVICE CENTER RALEIGH, N.C. 27699-1090



APPLICATION FOR LICENSE EXAMINATION

(INCOMPLETE APPLICATIONS WILL BE REJECTED)

Indicate examination(s) for which you are applying by marking an "X" in the appropriate box(es) below:

Household Pest Control (P) phase Wood Destroying Organisms including Fungi (W) phase Fumigation (F) phase

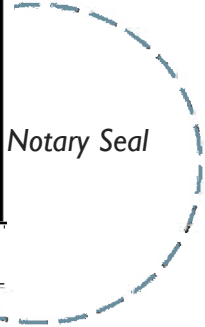
Subscribed and sworn before me on this _____ day
of _____, 20 _____

Notary Public _____

My Commission expires: ____/____/20 ____

Affix here a 2 1/2" x 2 1/2" clear full-face head and shoulder photograph taken within the past 12 months. Passport photo will be permitted.

Notary: Please impress seal on both signature and edge of photo.



(Applicant's Signature)
Sign in presence of Notary

Section One: Personal Information

NAME:	(First)	(Middle)	(Last)
HOME ADDRESS:	(Street or PO Box)		
(City)	(State)	(Zip Code)	(County)
(Telephone Number)	(Email Address)	(Social Security Number)	
(Sex)	(Age)	(Date of Birth MM/DD/YYYY)	(Place of Birth- City, State, Country if not US)
(Hair Color)	(Eye Color)	(Height)	(Weight)
(Scars & Marks)	(Current Employer)		

Section Two: Credential Information

1. Valid Up-To-Date Certified Applicators Card Number and phase(s): _____ Expiration date: _____

Obtained by Reciprocity from another State? YES NO

(Note: If you do not have a valid up-to-date Certification Card in the phase(s) you are applying for, you are not eligible to apply for the license exam)

2. Have you ever held a valid CA card or equivalent credential from any other state? YES NO

• If yes, complete the following:

Type(s) or Phase(s) of Cards Held	How CA Card Obtained (Exam, Reciprocal, etc.)	Issuing Agency and State	Date(s) Issued	Expiration Date(s)

3. Have you ever held a valid North Carolina Structural Pest Control License? YES NO

• If yes, complete the following:

License # & Phase(s):	
Expiration Date:	

4. Have you ever held a valid structural pest control license or equivalent credential from any other state?

YES NO *If yes, complete the following:

License # & Phase(s):		Issuing State:	
Date Issued:		Expiration Date:	

5. Have you ever had a structural pest control license or certified applicator's (CA) card, or equivalent, suspended or revoked by any state of the U.S.? YES NO *If yes, complete the following:

Type of License/CA Card Suspended or Revoked	Suspended or revoked	Date of Suspension or Revocation	Agency that Suspended or Revoked Credentials & State

8. Have you ever been charged with or convicted of violating the Structural Pest Control Laws of any state?

YES NO *If yes, complete the following:

Nature of Charge(s)	Date(s) of Charge(s)	Location (City, State)	Disposition of Case(s)

Section Three: Employment Information

9. Are you currently Employed? YES NO Are you currently self-employed? YES NO

10. Beginning with the present date, list your entire employment record for the past ten years. Include each employer and location for which you have worked in the field of structural pest control along with his/her license number and the state(s) in which a structural control license was held while working for that company. Also include any employment you have had outside structural pest control during the ten-year period. If more spaces are needed, please print this single page again and add it to your application.

Employer:		(Employed From)	(Employed To)
Business Address:	(Street or PO Box)		
(City)	(State)	(Zip Code)	(County)
(Telephone Number)	(Licensee Name)	(Licensee Number)	
(Job Title and Description)			
Employer:		(Employed From)	(Employed To)
Business Address:	(Street or PO Box)		
(City)	(State)	(Zip Code)	(County)
(Telephone Number)	(Licensee Name)	(Licensee Number)	
(Job Title and Description)			
Employer:		(Employed From)	(Employed To)
Business Address:	(Street or PO Box)		
(City)	(State)	(Zip Code)	(County)
(Telephone Number)	(Licensee Name)	(Licensee Number)	
(Job Title and Description)			
Employer:		(Employed From)	(Employed To)
Business Address:	(Street or PO Box)		
(City)	(State)	(Zip Code)	(County)
(Telephone Number)	(Licensee Name)	(Licensee Number)	
(Job Title and Description)			

Section Four: Education Information

11. High School/GED Diploma: YES NO

High School Name:		Year Graduated:	
Location:	(City, State)		

12. College or Technical/Vocational School: YES NO

Institution Name:		Years Studied:	
Location:	(City, State)		
Major/Degree/Trade:		Year Graduated:	

Institution Name:		Years Studied:	
Location:	(City, State)		
Major/Degree/Trade:		Year Graduated:	

If you desire your university and/or technical training in structural pest control or related fields to be considered as evidence of your qualifications, submit with this application a certified record of such training/college transcripts.

Other formal training or qualifying experiences related to structural pest control (List type of training, source of training and date(s) of training):

13. Prior Military Service:

Branch of Service:		MOS:		ETS Date:	
Duties/Training:					

Section Five: Qualification Information

15. Are you making application for examination based on having **two-years practical experience as a service employee** in the control of household pests, and/or the control of wood-destroying organisms, and/or fumigations?

YES NO

- If yes, complete the following:

Amount of experience in the control of household pests?	Years
Amount of experience in the control of wood-destroying organisms?	Years
Amount of experience in fumigations?	Years

Submit affidavit(s) from current/former employer(s) for which you have worked for at least two years as a service employee in each of the phases of structural pest control in which you wish to be examined (see page 9 affidavit form). **You cannot fill out your own affidavit.**

16. Are you making application for examination based on having **two-years practical experience as an owner-operator** in the control of household pests, and/or the control of wood-destroying organisms, and/or fumigations?

YES NO

- If yes, complete the following:

Amount of experience in the control of household pests?	Years
Amount of experience in the control of wood-destroying organisms?	Years
Amount of experience in fumigations?	Years

For self-employed applicants, in lieu of the employer's affidavit, please attach at least 6 notarized letters from customers you have serviced. Letters should indicate you **have a minimum of 2 years' practical experience** in each of the phases of structural pest control in which you wish to be examined. 6 notarized letters are required for each phase you wish to be examined.

17. Have you ever been convicted of a felony? YES NO

18. Have you ever been arrested or convicted otherwise? (Do not include minor traffic violations) YES NO

19. Have you within five years of the date of this application been convicted of or entered a plea of guilty or a plea of nolo contendere to or forfeited bond to a charge involving moral turpitude? YES NO

If you answer yes to these questions, list all arrest and/or convictions below. Failure to identify arrest completely and accurately and/or convictions may result in the rejection of your application.

Charge	Date of Arrest	City, State	Disposition

Section Six: New Company Information

If starting a new company or an officer of the company, please fill this section out. If becoming a licensee in the inactive state or if you will be working for an established company, you do not need to fill this section out.

20. Name of company and location you will operate from in this state, should you secure a North Carolina Structural Pest Control License?

Company Name:				(Date Company Organized)
Business Address:	(Street or PO Box)			
	(City)	(State)	(Zip Code)	(County)
(Telephone Number)	YES NO (Incorporated)	(County, State Company is registered in)		
(List Company Officers and Position held)				

Section Seven: Character References

21. I, the undersigned citizen, hereby Certify to the good moral character and temperate habits of this applicant. References must be from reputable citizens who are not related to the applicant by either consanguinity or affinity. Signatures must be authentic and made by the individual so named:

Name	Signature	Occupation	Phone number
	(Original Inked Signature)		
	(Original Inked Signature)		
	(Original Inked Signature)		

Section Eight: License Phase Specific Experience



READ

When detailing your experience with each pest, specify the exact duration of hands-on work for that pest in months or years, rather than your overall time in the industry. For each listed insect, itemize your practical experience separately, focusing solely on direct pest management activities. Example: If you've worked in the industry for 3 years and handled cockroach control daily, that counts as 3 years of experience. For seasonal pests like fleas, managed every summer for 3 months, multiply by your years in the industry to get your total experience (e.g., 3 summers = 9 months of experience).

22. If you are applying to take the examination for the Control of Household Pests complete the following:

Name of Pests:	Months/Years Experience in Controlling:	Pesticides Currently Used on This Pest (Use Brand Names Only):
Ants		
American Roaches		
Bed Bugs		
Brown-Banded Roaches		
Clothes Moths		
Fleas		
German Roaches		
House Flies		
Rodents		
Millipedes/Centipedes		
Sawtooth Grain Beetles		
Silverfish		
Wasps/Bees		

23. If you are applying to take the examination for the **CONTROL OF WOOD-DESTROYING ORGANISMS** complete the following:

Name of Pests:	Months/Years Experience in Controlling:	Pesticides Currently Used on This Pest (Use Brand Names Only):
Carpenter Ants		
Carpenter Bees		
Dry Wood Termites		
Old House Borers		
Powder Post Beetles		
Subterranean Termites		
Wood-Decay-Fungi		

24. If you are applying to take the examination for **Fumigation**, complete the following:

Fumigant:	Fumigations performed Using:	Type of Mask Used:	Performed the Following Actions:		
			Tarp/ Tape & Seal	Dispensed fumigant:	Monitored/ Cleared Structure
Chloropicrin					
Methyl Bromide					
Sulfuryl Fluoride					
Aluminum Phosphide					

2NCAC 34.0302 (10) *The applicant shall furnish such information as the Committee may require to establish that said applicant possesses qualifications as specified in G.S. 106-65.26 of the Act for the license(s) which he seeks. The Committee, or its authorized representatives, may make such investigations as it deems necessary with respect to the applicant's qualifications.*

§ 106-65.26. (c) Licensee. - The basic qualifications for a license shall be:

- (1) Qualify as a certified applicator for the phase or phases of structural pest control for which he is making application; and
- (2) Two years as an employee or owner-operator in the field of structural pest control, control of wood-destroying organisms or fumigation, for which license is applied; or
- (3) One or more years' training in specialized pest control, control of wood-destroying organisms or fumigation under university or college supervision may be substituted for practical experience. Each year of such training may be substituted for one year of practical experience; provided, however, if applicant has had less than 12 months' practical experience, the Committee is authorized to determine whether said applicant has had sufficient experience to take the examination; or
- (4) A degree from a recognized college or university with training in entomology, sanitary or public health engineering, or related subjects; provided, however, if applicant has had less than 12 months' practical experience, the Committee is authorized to determine whether said applicant has had sufficient experience to take the examination.

(d) All applicants for license must have practical experience and knowledge of practical and scientific facts underlying the practice of structural pest control, control of wood-destroying organisms, or fumigation. No applicant is entitled to take an examination for the issuance of a license pursuant to this Article who has within five years of the date of application been convicted, entered a plea of guilty or of nolo contendere, or forfeited bond in any State or federal court for a violation of G.S. 106-65.25(b), any felony, or any crime involving moral turpitude.

State of: _____

County of: _____

(Applicant's Name) _____ after being duly sworn on his/her oath and says that he/she

has read Sections One through Section Eight of the above and foregoing application and that the statements and answers contained therein are true and correct. Applicant further acknowledges that an application which contains false, misleading, or incomplete statements and answers shall not be considered a properly completed application for examination for purposes of meeting the pre-registration requirements and may result in rejection of application.

Applicant Signature: _____

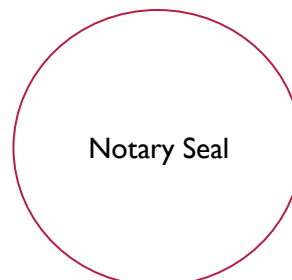
(Sign in presence of Notary)

Subscribed and sworn before me on this _____ day

of _____, 20____

Notary Public _____

My Commission expires ____ / ____ /20 ____



EMPLOYER'S AFFIDAVIT

(Note: This affidavit MUST be completed by the applicant's employer/licensee and signed in the presence of a Notary)

State of: _____

County of: _____

I hereby certify that _____ was in my employ as a _____

and was engaged in the following kind of work (Specify exact duties performed): _____

Dates Employed: (exact dates)	(From)	(To)	Additional Dates: (If Applicable)	(From)	(To)
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Did employee mix and/or apply chemicals for the control of:

Household Pest?	Yes	<input type="checkbox"/>	Full Time	Average number of jobs treated monthly (approx.)	
	No	<input checked="" type="checkbox"/>	Part Time		
Wood Destroying Organisms?	Yes	<input type="checkbox"/>	Full Time	Average number of jobs treated monthly (approx.)	
	No	<input type="checkbox"/>	Part Time		

Did employee participate in Fumigation work?

Yes	Full Time	Average number of jobs treated monthly (approx.)	
No	Part Time		

I hereby certify that the above information is true and correct to the best of my knowledge.

Employer's Full Name:		Employer's Job Title:	
Business Address:	(Street or PO Box)		
	(City)	(State)	(County)
	(Zip Code)		
(Contact Number)	(Business Name)		(Type of Business)

Employer Signature: _____

Subscribed and sworn before me on this _____ day

of _____, 20_____

Notary Public _____

My Commission expires _____ / _____ /20_____

